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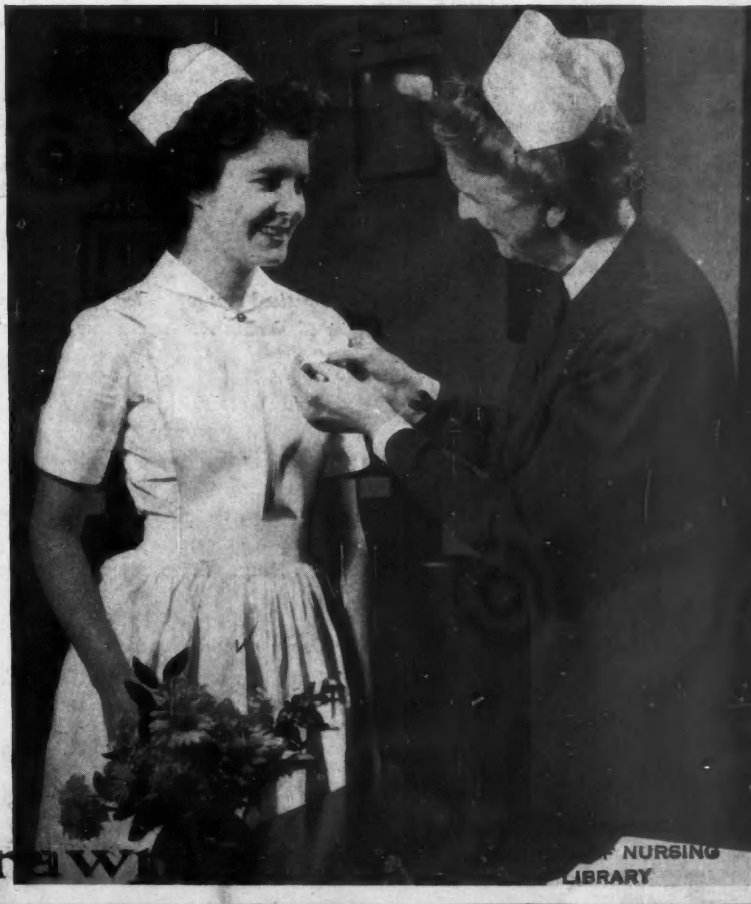
THE CANADIAN NURSE



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(1) 1938, Nutrition Abstracts and Reviews 8, 281
(2) 1939, Food and Life: Yearbook of Agriculture U. S. Dept. Agriculture, U. S. Gov't Printing Office, Washington, D. C.

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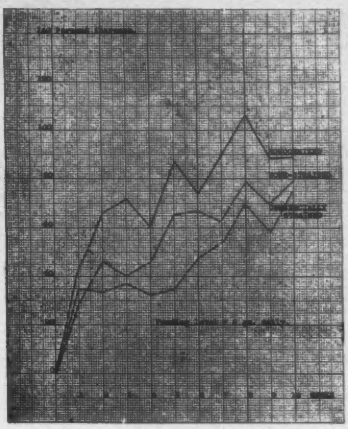

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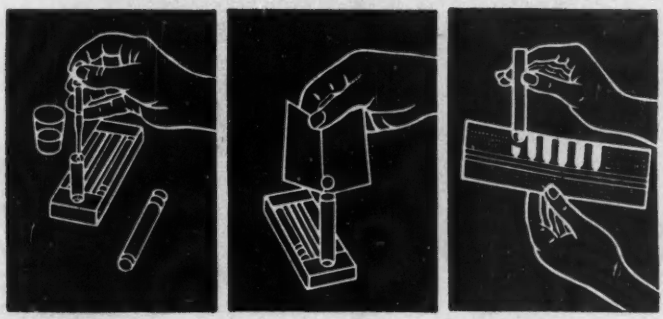

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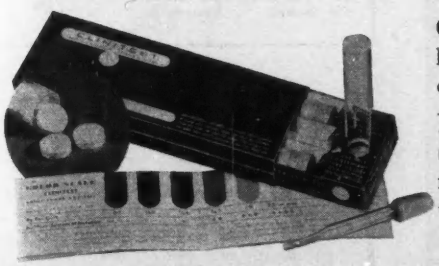

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CONTENTS FOR JANUARY, 1943

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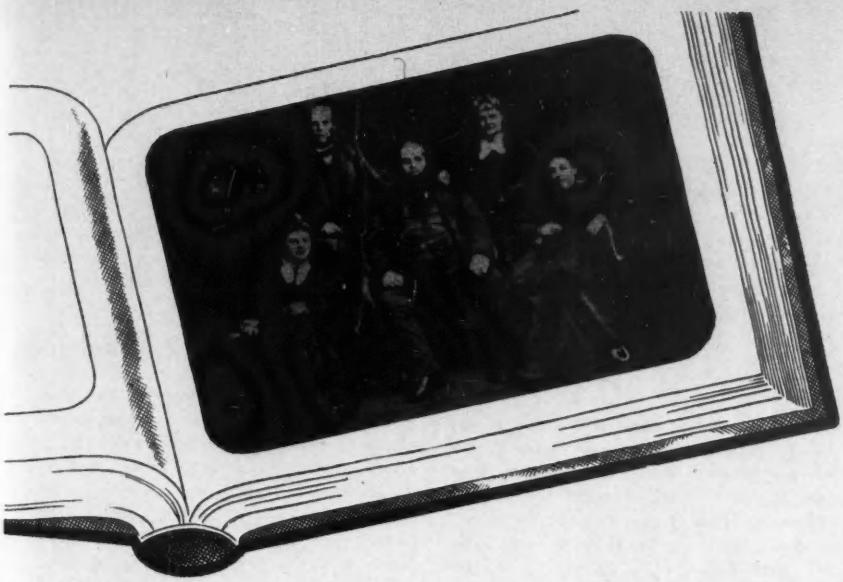

TO THEM IT WAS A "LIMB"

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Reader's Guide

At the beginning of this New Year, **Marion Lindeburgh** gives us a message of hope and cheer. In her capacity as president of the Canadian Nurses Association, Miss Lindeburgh outlines the task which lies ahead and inspires us to meet its challenge with courage and confidence.

The value of occupational therapy is now widely recognized in general hospitals and we are indebted to the staff nurses committee of the Toronto General Hospital for persuading **Elsie Jackes** to give us an enlightening outline of its principles and methods. Miss Jackes is the director of the occupational therapy department in the Toronto General Hospital.

During her recent visit to the Western Provinces **Kathleen W. Ellis** encountered a few breezes which were not altogether balmy. As might have been expected, our Emergency Nursing Adviser remained quite undaunted and steered her course so skilfully that, far from baffling her, the gentle gale only sped her on her way.

An excellent description of the use of pressure emulsion dressings in the treatment of burns, written by **Kathleen H. Clifford** and **Katherine Miller,** is based on an article appearing in the November 1942 issue of the Annals of Surgery, published by J. B. Lippincott Company; this article was prepared by Fraser B. Gurd, M.D., C.M., Douglas Ackman, M.D., C.M., F.R.C.S., (C), John W. Gerrie, M.D., D.D.S., C.M., D.L.O., and J. E. Pritchard, M.D. Miss Clifford is nurse-in-charge of a surgical ward in the Montreal General Hospital and Miss Miller has also taken an active part in the nursing care of patients suffering from burns. The *Journal* is greatly indebted to the J. B. Lippincott Company for its generous help in making this valuable material available to its readers.

In the Public Health Nursing Special Page **Lyle Creelman** sets the course for the coming year. Miss Creelman is the chairman of the Public Health Nursing Section of the Canadian Nurses Association and has a clear conception of the privileges and responsibilities of her group. Her suggestion that a "Question and Answer" page be initiated is an excellent one and the *Journal* stands ready to give all the help it can in getting it under way.

It is never easy to find room in the *Journal* for all we would like to put into it but this month we calmly earmarked twelve whole pages for the **Report of the Nursing Reconstruction Committee.** Whether or not the recommendations of this Report will be put into action in Britain remains to be seen. In any case, it deserves the most careful analysis and study on this side of the Atlantic. Its content is highly controversial and provocative, and the hackles on certain necks will unquestionably rise. Discussion is invited, under the Marquess of Queensbury rules indicated in the editorial foreword.

The cover of this *Journal* is quite in harmony with the beginning of a New Year. It shows a superintendent of nurses awarding the graduation pin of a School of Nursing to a young and eager student at the completion of her course. We are very grateful to Miss Mabel K. Holt, Superintendent of Nurses in the Montreal General Hospital, for allowing us to publish this beautiful and significant photographic study of "the promise of the future".

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-NINE *NUMBER ONE*

JANUARY 1943

A New Year Message

As the New Year opens before us, the desperate struggle for freedom continues, and the months ahead may prove to be a time of intensified action. Mr. Churchill has told us that we have reached, "the end of the beginning . . . our feet are now on more solid ground". He went on to state that what the future may hold for us will be determined, not only by superior war machinery and speedy operation, but by the spirit, vitality and resolution of the people of the Allied Nations in the promotion of an all out war effort. This message from the British Prime Minister should sink deeply into the hearts and minds of us all, and as the bells ring out the old and ring in the new, may nurses rededicate themselves to a cause in which they are privileged to play so significant a role.

For a moment, let us turn our attention to the year that has just closed, and then set our minds and direct our efforts to the things of greatest importance in the year which lies ahead of us. Thoughtful planning is essential for the work that we have to do. We might perhaps accomplish more if we were to pause before the familiar roadway sign which has saved many lives, and which reads thus: *Stop! Look! Listen!* It might prevent us too from running into danger.

Stop, for the purpose of reflection and clarification. What has been accomplished since the beginning of the war in adjusting nursing conditions? Have conditions been improved, or are they worse? In so far as we have facts, can we plan constructively for 1943?

Look about us, and as far ahead as our vision will permit. Observe conditions as they actually exist, and the changes which are taking place. Are promising students entering the nursing field in numbers sufficient to dispel the fear of increasing shortage in the event of a long war? How are married and mature nurses fitting into nursing again, and what is being done to help them in their

adjustment? Viewing the situation in schools of nursing, hospitals and the public health nursing fields, has a personal value: individual nurses see where they are most needed, and where they can make their best contribution. Let us look in another direction for more information — in *The Canadian Nurse* magazine. We look forward to the next issue, and we read it through when it arrives. We could not afford to be without it. News from the National Office, reports of special committees, and the activities of the Emergency Nursing Adviser should be studied carefully. It is essential, at a time when so many actions are being taken by our National Association, that nurses across Canada should keep themselves well informed. They are then in a position to be constructive in their comments and to participate in support of the work that is being done.

It might be well to suggest at this point that nursing does not belong to the nursing profession, but rather to the community, the nation, and, in fact, to the whole world. Whatever nurses believe and do about nursing education and service must be with the view of satisfying public needs. To what extent are we lacking? What can we do about it?

Listen to groups of nurses in meetings or off the record. What are the vital matters that are being discussed, and which are the most controversial? For example, what does one hear regarding the proposals for health insurance and nursing service? A special committee has worked diligently in the preparation of a brief which is to be presented to the Federal Government. Provincial groups have had the opportunity of studying the recommendations, and it is imperative that all nurses should be familiar with the proposals as they affect nurses and nursing.

Listen to those who have had longer experience in organizing school of nursing programmes as to the policy and task of accelerating the basic course : it is not as simple as it may appear.

Listen to voices from the east and from the west and discover the attitude generally prevailing concerning some plan for the directive control of nurses. We hear it said that many internal adjustments can be made by provincial associations to bring about a better distribution of nursing service. We also hear it stated that a plan of directive control is definitely needed if the maximum value of nursing service in Canada is to be capitalized in a total war effort.

Listen again; the good news is being spread abroad that private duty nurses in certain centres are making adjustments to meet the shortage of nurses by offering their services for general nursing in hospitals, and in areas where there is a real lack of nursing service. We hope they are listening and will hear the commendations expressed by many administrators. They have made their New Year resolution, and we feel assured that many will follow their example in 1943.

Strange as it may seem at a time of crisis, we hear that shorter hours and salary standards are becoming vital issues for the general nursing staff. While it would appear that the spirit of service should overshadow material things during a time of emergency, the wisdom of making practical adjustments in the interest of the general nursing staff should not be questioned. It is of first importance to secure stability of nursing service for the period of the war, and this cannot be achieved unless conditions are made sufficiently satisfactory. Boards of hospitals are realizing this fact.

Stop! Look! Listen! We have done all three, and we are the wiser for having done so, for we have a better understanding of what is happening and

of what we should do during the coming year to follow up and promote worthwhile activities. To the tasks we have before us, some may contribute more than others, but let every nurse in Canada do her best: "The duty of doing not great things, but what one *can*, is the total sum of human obligation".

The nursing profession realizes the social, political, economic and educational changes which must take place before the great cause is won. We have been told that the winning of the war is but the initial stage in the winning of the peace, and we do not doubt the truth of the statement. Sir Wilfrid Grenfell, just before he passed to his rest, expressed the concept and achievement of peace in the following words: "Not until we can love all men, all races, all so-called nationalities, are we on the road to peace on earth". May our efforts in this New Year contribute to the achievement of this great end!

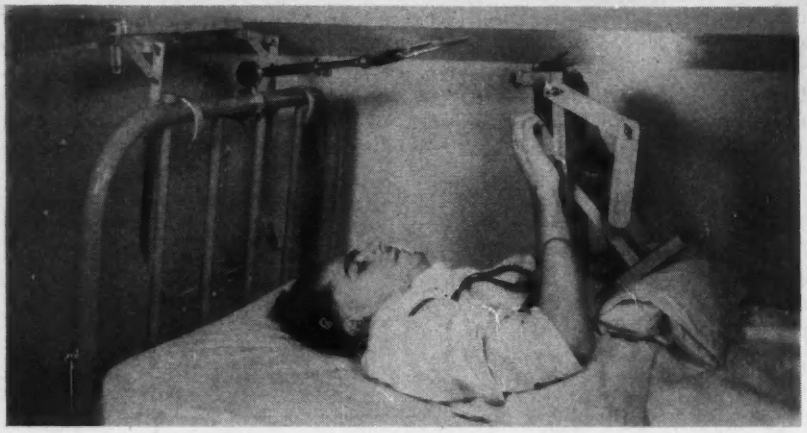
MARION LINDEBURGH
President
Canadian Nurses Association

Occupational Therapy in a General Hospital

ELSIE JACKES

In searching through the history of occupational therapy, it has been found that the value of occupation and diversion as beneficial treatment for mentally ill people, was recognized by the Egyptians as early as 200 B. C. At that time "temples were dedicated to Saturn and here 'melancholies' resorted in great numbers in search of relief. Groves and gardens invited the distracted person to refreshing exercises. In short, all his time was taken up by some pleasurable occupation, or rather system of diversified amusements." In 172 A. D., Galen, the Greek physician and philosopher, wrote "employment is nature's best physician and essential to human happiness." But it was Phillipe Pinel of France, who, in 1791, in writing his treatise, "The Moral Treatment of Insanity", exemplified for the first time, its value and definite use as a therapeutic agent. In 1803, Johanna Reil of Germany, published a book, eight pages of which were devoted to treatment by occupation. Still later, in 1822, Dr. Wyman, McLean Hospital, Waverly, Massachusetts, wrote, "such amusements as backgammon, ninepins, sawing wood, gardening, reading, music, divert the attention from unpleasant subjects of thought and afford exercise both of body and mind and have a powerful effect in tranquilizing the mind, in breaking up wrong associations of ideas and inducing correct habits of thinking as well as acting."

It was not, however, until the first Great War, that the scope of occupational therapy was appreciated. Canada led the way in 1918, by establishing a series of courses at the University of Toronto, to train groups of young women as occupational therapists, for work in her military hospitals. At that time, a ward in the Toronto General Hospital was used entirely for returned soldiers and the patients delegated to that ward



The bedside mirror in use

enjoyed the services of an occupational therapist provided by the Department of Soldiers Civil Re-establishment. In 1919, the board of the hospital instituted an occupational therapy department as one of its services for the benefit of its own patients, and one therapist was appointed to the staff. In 1921 a second appointment was made, and since then the hospital has maintained the services of two therapists. When, in 1926, after a lapse of eight years, the University of Toronto again offered a course in occupational therapy, the department staff was augmented by post-graduate internes, whose numbers have since been increased from two to six at one time. These post-graduate students are assigned to the department for periods of three to six months, where they receive their ward and work-shop experience under supervision. At the same time, their services are a real assistance in coping with the ever increasing work of the department.

What is occupational therapy? It has been very aptly defined as any activity, mental or physical, definitely prescribed and guided, for the specific purpose of contributing to or hastening recovery from disease or injury. In short, its purpose is to be a useful adjunct to medical treatment, and to assist in the re-education of the patient, mentally, physically, and socially. Mentally it arouses the patient's interest in something beside his own illness, and directs his attention into more normal channels. It gives him an opportunity for self-expression and, in doing so, often develops latent talent previously unappreciated which may be utilized where rehabilitation is necessary. Physically its function is to increase muscle strength and joint mobility, to re-establish co-ordination and to improve circulation. Socially it raises the patient's morale, encourages him to be co-operative and helpful, and in the opportunities it affords for social contact in normal activities, it helps to adjust the asocial patient to the group.

Occupational therapy should be practised entirely as a therapy in relation to the patient. The curative value to the

patient psychologically or physically is the first consideration and the real end product. It must not be confused by placing a too important emphasis on the economic value of the finished piece of craftwork, nor should benefit to the patient be retarded by the influence of overstimulating competition. On the ward, during acute or sub-acute illness, rest is usually indicated. In the convalescent period, however, interesting and constructive occupation, scientifically supervised, promotes a healthier mental attitude, and may also assist in restoring impaired function. As shown in the illustration, the bedside mirror contributes to the independence of the recumbent patient in his rehabilitation, and by enabling him to wash and feed himself. The hinge joint at the head of the bed and the universal joint at the base of the mirror increase its utility.

Graduation to the workshop presents a change of environment, and the occupations offered there supply a progressive programme in the patient's treatment. It also conditions and prepares him to take his place in his own community again. When a patient is first referred to the department it is important for the therapist to be acquainted with the patient's history, so that she may be judicious in her approach to the patient, in the consequent selection of occupation, and in co-ordinating the latter with other treatments prescribed. The doctor in charge of the patient may define the programme he wishes carried out. Sometimes he may explain the prognosis, the precautions to be taken, and the definite results he hopes or expects to be accomplished, leaving it to the therapist, with her specialized training, to arrange a programme to be carried out in close collaboration with him.

Of the many types of cases referred to our department, the most frequent

A convenient book frame

are those of the psychoneurotic diagnoses. These patients are a real challenge to the ingenuity of the therapist. Here she often encounters lack of co-operation to the point of antagonism, and before she can begin to accomplish anything it may be necessary to partially explain the whys and wherefores of the exercise, recreation, or occupation she has planned. She must know all that is possible of her patient, to make an effective approach, and gain his confidence. According to the problem presented, the treatment, generally speaking, might be along the following lines: stimulating projects and gay colours for listless and uninterested patients; relaxing and monotonous occupations and projects of subdued colours for excitable patients; games or occupations requiring concentration for depressed patients; group activities, such as games, gardening, or a project requiring the joint participation of several persons, for the asocial patient. For all patients, something should be selected within their capacity to accomplish for the encouragement it stimulates.

In those cases where there is a loss of kinesthetic sense, such as is found in the ataxic gait of the patient with tabes dorsalis, re-education in walking has improved co-ordination and contributed to the patient's independence. Patients who are convalescing from acute poliomyelitis are referred when active exercise is indicated and have been greatly assisted by our invalid walker. This apparatus has four telescoping corner supports, making it adjustable to a convenient height for the patient, also ordinary and bicycle-seat attachments, allowing for rest periods in either a sitting or standing position. When occupations are selected for these patients, sling supports are often used to eliminate gravity and support the affected limb.

The chronic and convalescent arthritic needs exercise in occupation when the disease is in its quiescent stage, and inflammation and swelling of the joints have subsided. Immobilization will be retarded, and some degree of function retrieved in the crippled joints. Opposition is to be expected in many cases, because of the discomfort attendant in the exercise of treatment, which should be within the limits of pain. For this patient the bicycle saw, treadle lathe and sewing machine are advantageously employed, the former giving hip, knee and ankle flexion and knee extension, and the latter, plantar flexion and dorsal flexion of the ankle. Graded exercise with the bicycle saw and treadle lathe can be obtained by the length of time employed and the quality and thickness of the wood which is used. Weaving and knotting, both bi-lateral crafts, engage most normal movements of the forearm, and are excellent exercise for the fingers, wrists and arms, especially encouraging extension of the elbows and abduction of the arms. Croquinole and basketry flex and extend the fingers and in the former occupation, extension may be increased by using weights instead of the usual croquinoles. An infinite variety of games, occupations and exercises, with or without variations and intelligently employed, may be utilized to induce the desired result.

The neuro-surgical patients are perhaps the most interesting and spectacular in the results achieved. Endless patience on the part of the patient and an equal amount of encouragement from the therapist are needed, as many of them progress slowly. Head injuries, brain tumours and abscesses, fractured spines with and without cord lesions, and cord tumours are among the types referred to when they are far enough advanced in recovery for a re-education programme. Some of the conditions resulting from these diseases and injuries have

been alleviated by specific occupations for impaired function. It would be impossible to state a set routine for these patients, as each one must be considered individually, according to his handicap and the degree of his incapacity.

Re-education in walking is indicated for patients with disturbed gaits, and usually commences by increasing muscle tone with exercise for short periods, increasing to longer ones requiring more effort, particular attention being paid to overcoming associated defects. Speech re-education assists aphasic patients to express what they already know. Games such as Chinese checkers with marbles or pegs, peg solitare, dominoes of ordinary size or as large as a brick, checkers, drawing or painting will all encourage the finer movements of the fingers. Occupations requiring the performance of purposive movements are planned for those suffering apraxia. Some of the old head injuries are referred for observation, and tested for dizziness or headache under certain conditions. Occupations or games requiring stooping, such as gardening, floor checkers, horseshoes and table tennis are used for these patients.

The orthopedic cases are numerous and varied. Here we are constantly called upon to measure patients and fit them with crutches, later teaching them how to use them correctly. Occupation exercise is often used in conjunction with this instruction, even for the good leg if the patient has been a long time in bed, as it will bear the brunt of his weight at first, especially if no weight bearing is indicated for the disabled leg or foot. During immobilization in a cast, a patient with a fractured humerus might still use her fingers by knitting or crocheting, which would stimulate circulation and help to retain some muscle tone. When the cast is removed, a satisfactory union having been established in the fractured bone, occupation might be prescribed to induce normal function. The following case history will show how a hand injury was treated:

Mr. W., a Swiss, 42 years of age, had been working as a mechanic in a garage where he injured his hand. On January 10, four days following his accident, he was admitted to hospital with an infected tendon sheath of the right index finger and a wound of the skin on the palmar aspect, over the first phalanx. Flexion was very painful, but there was no evidence of pain on lateral compression of fingers, and no evidence of lymphangitis or adenitis. After opening and dressing of the finger, he was able to move the metacarpo-phalangeal joint well, but there was little flexion movement in the two distal joints. The wound healed, but the patient had a permanent limitation of flexion at both the proximal and distal interphalangeal joints. There was slight residual swelling in the interphalangeal joint, but no evidence of involvement of the joint. The finger eventually became stiff.

On February 9, he was referred to our department, where he was given carpentry to do, assistance in gripping his tools being supplied by a cotton glove strapped to his wrist, with fingers buckled to the base of the palm. He reported for an hour every morning and afternoon. On February 14, he was discharged from hospital to return to the out-patient department and also to occupational therapy for a full day programme of five hours, two and one-half hours in both morning and afternoon. On February 19, heavier projects in woodwork were undertaken, using a one-pound hammer. On March 1, he commenced metalwork, making a reading frame for recumbent patients. The pattern was first made of iron and later developed in aluminium. This occupation necessitated the use of a two-pound hammer. The glove was still being used. On March 6, he reported to the out-patient department, where he was advised to persevere for six months. On April 3 both distal joints could be moved through half their range, passively, with some pain, but there was no active

movement. Work at this time was alternated with basketry as a form of rest in change and for encouragement of general mobility. The glove was now discarded.

On April 12, his doctor said recovery was not impossible and that flexion limitation was due to adhesions which would likely return with another operation. The patient continued with the daily full-time programme of five hours until July, with increasing improvement in flexion, sufficient for him to be accepted into the Royal Canadian Ordnance Corps, for overseas service. While helping himself, he made a useful gadget in the reading frame, which can be adjusted to suit the patient's vision, and hung in reverse on the back of the bed, when not in use.

From this history it can be seen that following a patient's discharge from hospital, he may be requested by his doctor to return to the department as an out-patient. On the other hand the out-patient department often refers to us, patients who have not been confined to hospital.

In conclusion it may then be deduced that occupational therapy has a definite place in a general hospital. In the rehabilitation of the patient it makes its contribution to the restoration of the injured or handicapped person to his former useful life or, where that is impossible, to the reclaiming of all such power and faculties as the patient may still have retained.

Breezes blow through the West

It is true that many an idea, which later has been shared by the rest of the Dominion, has originated in the West, but the breezes that blew this time had almost assumed the proportions of a hurricane when the Emergency Nursing Adviser of the Canadian Nurses Association finally crossed the Rockies and arrived at "the Island" of the west coast.

In tranquil, dignified Victoria, at a meeting of the Hospital Association, a lively combat ensued, which was projected into the meeting by a discussion of an address given, by the Emergency Nursing Adviser, on the nursing situation in civilian hospitals in a country at war. It was well that some of the contestants in the debate were seasoned old-timers who had met in previous engagements, and who, therefore, did not take one another too seriously, because some rather definite accusations were hurled back and forth. None of them were new, some of them were justified, some were not.

We earnestly hope that some day satisfactory answers will be found to many of these burning accusations, but we are inclined to think that an all-out effort is more important at the moment. For after all, *do* nurses control their own profession, or have they ever really done so? *Are* nurses now being educated beyond the increasing responsibilities being placed upon them? *Are* young women less conscientious, or only more alert and less reticent about cutting corners under stress than were their professional sisters a few years ago? We look back and wonder! However, the correct answers to these questions would require an involved study that we are not pre-

pared to undertake at this time. Rather let us turn to the cause of the controversy — *a shortage of nurses, at least in certain areas, and the need for better distribution in others.*

At the lively meeting in question, very definite statements were made by those directing the hospitals in outlying districts, to the effect that some of these institutions will have to be closed shortly unless nursing service can be provided. With the growing shortage of doctors and an increasing demand for hospital service, is it any wonder that responsible citizens become alarmed? At a nurses' meeting held the next night, and at one that took place a few days later, very urgent appeals were made to nurses to answer some of the many calls, to leave the attractions of the city for a time and to make *their* war contribution under less comfortable, but more challenging conditions. We had to hurry away, but hoped that some fitting response was received to this call. We know that one very capable nurse, who long ago relinquished professional responsibilities for matrimony, volunteered there and then to go out from her pleasant home surroundings, at least to prepare the way for a more permanent appointment. We wished that her intentions could have been announced abroad as an example of real war service. This is only one outstanding illustration of the married and inactive nurse's return to action in the present crisis.

At the moment, the situation seems to be as complicated as the proverbial dog pursuing his own tail. Hospital authorities testify that salaries have gone up beyond reason; they claim, in some cases, that various improvements have been implemented and, listen girls! *that the eight-hour day will go into effect, if only nurses are available in sufficient numbers to make this possible.* We sincerely hope that enough nurses will be sufficiently far-sighted to accept this challenge. Notice we do not call it a bluff, because we believe that the statement is a sincere one. Furthermore, we believe that an eight-hour day established even in an emergency, will have its lasting effect upon the demands made on nurses from this day forward, even when peace returns. Boards are tremendously interested in hospital developments. They are equally proud of a new and progressive idea, once they have been actually convinced that they are responsible for its birth, although it is often conceived and delivered only after periods of labour and stress. So *we* say, let us as a profession do all that we can to see to it that there are enough nurses willing at least to test this advance.

The study of hospital board members is an interesting one. Unfortunately, explorers in this fruitful field of research are handicapped. The price of the study is often high. Research workers either become so involved and interested that they are seldom freed during a normal lifetime to report findings, or they frequently emerge at an earlier date frustrated and unwilling, or unable, to submit reports uncoloured by personal experiences which are sometimes bitter. However, as one who secured emancipation fairly early in life, we can state as a tested fact that hospital boards move backward just as reluctantly as they move forward. Many of them hate to move at all, and only when the emergency is upon them do they feel that *something must be done.* This statement must not be attributed to any lack of respect for these august bodies, or to any suggestion that they are indolent or indifferent. On the contrary, they are usually a very brave group of people, assuming many responsibilities which they study by the trial and error method. The duties of board members are onerous; they often entail twelve and fourteen-hour duty,

with meetings taking place at any old time as the clock goes round. But members of boards so frequently think in terms of balancing budgets instead of appraising human values. They are not always very well informed on matters upon which they make decisions, sometimes all too final and without sufficient deference to the opinion of experts in the department concerned. These are general truths that no honest board member can deny, and yet, generally speaking, boards are composed of representative citizens who give endless time, thought and service, without any consideration of return. What is the solution? One wise superintendent of nurses suggests that a monthly report on *nursing*, prepared and given by the director of that department herself, has immense educational and enlightening values, and presents a normal opportunity for a direct and regular contact with board members. But let it be remembered, that it is too late to begin an educational campaign when the crisis or impact has actually arisen.

Our professional interests centre round the hospital and school of nursing, because it is the source of supply of nurses for all fields. Its controlling influence is a very definite one. To understand today's problems in the hospital, they must be viewed against the background of developments in nursing, and other trends. These are well interpreted in an article, entitled "Trends in Hospital Nursing Service", written by Dr. James A. Hamilton and appearing in the September 1942 issue of *The American Journal of Nursing*. Through the eyes of a hospital administrator, we see developing a course of events that go far to prove that nurses do not control their profession and that its course has been influenced largely by more general trends and, recently, by the terrific impact of war. A growing demand for hospital nursing service has been created by rapidly developing hospitalization schemes; increased population in cities, and lack of medical care in isolated areas, have drawn heavily upon the quality and the quantity of nursing service. Technical treatments and procedures, once the province of the physician, are now performed by the nurse. All these factors mean added responsibility for hospital boards and administrators. Then, too, there are added responsibilities of the hospital as a community centre and the increased emphasis on education for both the student and graduate nurse which has resulted from many influences outside the nursing profession. Other trends are associated with closer integration of the hospital with a general health programme and with greater social security for the worker, and centralization of government control. All those factors tend to intensify the responsibilities of hospital boards and administrators and should not be ignored.

To return to our immediate problem. Many nurses declare that they will willingly serve in a *real* emergency. A very real emergency is now upon us and this is especially apparent as one travels into vulnerable areas. One could not attend meetings on either coast, or mix with the brave and undaunted population in these places, without being sobered and somewhat alarmed at the situation. It is well to bear in mind that the attacks they fear need not come from the enemy alone; any epidemic under present conditions might result in delay and confusion that would be disastrous.

As we travelled eastward we realized, too, the danger of complacency. Is there a hint of it in some of the more protected areas? Vast spaces offer a retreat into our own concerns which may become dangerous, but even in the less vulnerable zones one cannot travel far without realizing that hospital authorities are

bearing burdens that are many and great. This is particularly true in outlying districts. One superintendent of nurses in a good-sized hospital, tucked away in the foot-hills, spoke of good enrolment of student nurses, and a minimum amount of disturbance created by changes in staff. Yet the salaries were low and the hours of duty seemed to be long. But the *esprit de corps* was high and a faithful alumnae association is seeing to it that the hospital is never stranded. This contribution should be recorded to the everlasting honour of this school and as a great tribute to those who direct it. Let us hope that these admirable qualities of loyalty and sterling worth will not be exploited or overstrained.

There are some smaller schools in which the authorities apparently believe that general staff nurses never were necessary. These schools are now travelling along on a fairly even keel. However, after an examination of hours of duty and other burdens placed upon the student personnel, one questions whether this policy could ever be quite justified although it is a comforting one at the moment, and it has other advantages.

Travelling eastward, the story continues to be told of many nurses in large centres unwilling (and who can blame them?) to accept positions under certain conditions that still exist in some hospitals. However, it is encouraging to know that, through the efforts and vision of the chairman of the General Nursing Section, many things are promised by members of this group. We are very sure that if boards of directors come through with some of the reforms they have promised, that nurses will not be found wanting.

The suggestion of directive control is in the air. Up to the present time, nurses and clergymen have been exempt from Selective Service regulations. Perhaps there is a similarity in the duties and responsibilities of these two groups. In any event, nurses are glad to travel in such good company. How long we shall be allowed this freedom may depend largely on the ability of the profession to carry on successfully on its own steam, guided by its own choice of leaders. Nurses may be an independent group, but nursing service belongs to the public. More and more it is pointed out to us that this and other health services are being claimed by the people as their right. Therefore, so long as the profession can offer this essential service in the quality and quantity demanded by the majority of people, little will be said, but a decrease in either will bring quick repercussions, especially at this time when apprehension and strain colour the reactions of most thinking people, however well it is disguised.

As someone has said, we are facing a new and strange way of life; to meet this we may have to scrap some of our treasured ideals. We may have to forsake standards that have been built up over a period of years, and almost with "blood, sweat and tears". We may have to sacrifice personal plans and wishes, but without the ability to do this, without flexibility and toleration for the other person's point of view, we cannot hope to adjust in this strange new world. Other professions are not carrying on as usual and nurses cannot hope to do so. However, we can move forward as a united force, serving for the good of the people, and according to some general and carefully prepared plan, sufficiently flexible to admit of adjustments to meet local and immediate needs.

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HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Nursing Aspects of Pressure Emulsion Dressings for Burns

KATHLEEN H. CLIFFORD *and* KATHERINE MILLER

Editor's Note : This article has been prepared by two members of the nursing staff of the Montreal General Hospital and is based on an article which appeared in the Annals of Surgery, Vol. 116, November 1942, published by the J. B. Lippincott Company. The title of the original article is "A Practical Concept for the Treatment of Major and Minor Burns — the Importance of Timing Therein". The authors are Fraser B. Gurd, M.D. C.M., Douglas Ackman, M. D., C.M., F.R.C.S.(C), John W. Gerrie, M. D., D.D.S., C.M., D.L.O., and J. E. Pritchard, M.D.

On behalf of its readers, the *Journal* wishes to thank these gentlemen for their courtesy in allowing their material to be quoted so extensively.

The following foreword was prepared by Dr. Douglas Ackman :

Organized nursing in Canada, being what it is, requires no special enconium for any job it takes on. Nevertheless, the co-operative team work by the nursing staff of the Montreal General Hospital, carried out under the guidance of the authors of this paper, deserves more than passing mention. It may be fairly stated that the successful development of the technique for the treatment of burns to be discussed herein is due in very large measure to nursing co-operation and initiative. For this reason, if for no other, the matter discussed here should be of more than ordinary interest to the nurse reader.

It is a truism to state that any treatment is only as good as those who carry it out. The treatment of burns has always been in large measure a nursing problem. It was with the full realization of this fact that the "timing chart" shown here was originally devised as something to help nursing. It is hoped that by so itemizing details in orderly chronological fashion, the nurses' hands would be strengthened and their task made easier. This is especially important when our nursing service is being strained to the utmost. Moreover, this treatment has been aimed to allow the nursing staff to make detailed preparations to anticipate emergency conditions from any possible catastrophe, arising directly or indirectly out of the present war.

It will perhaps be trite to point out

that burns have formed the largest group of living casualties from this war so far. Even in Canada, the danger from actual enemy activity or from war industry is great. Thousands of burns will inevitably occur at home and overseas. Any treatment therefore which will simplify the burn problem for the wartime nurse should be given serious consideration. It is in all modesty, hoped and felt that the method discussed here fulfills such a role. It does so fundamentally by offering a single type of treatment, applicable to all types and degrees of burn, in all anatomical areas, and at all stages of treatment, from first-aid to final healing, with or without skin-grafting. The advantages of such a method to nursing are at once obvious. These advantages become more apparent when the following points are appreciated: simplicity; cleanliness; safety; economy of nursing time resulting from the patient's comfort, infrequent dressings, and facility of handling patient; economy of laundry and supplies; ready availability and economy of material.

Finally, a word about the team-work involved in this technique between nurses and doctors; this is the key-note of the method, in or out of the services. It is safe to say that no better example of the effectiveness of their "combined operations" for the patient's benefit can be found. Doctors are perhaps a little inclined to take all this for granted. Here is a situation in which deliberate planning to get the best out of the joint nursing and medical service is stressed.

—D.A.

By way of introduction, the following paragraphs are quoted from the original article appearing in the Annals of Surgery:

Skin is a highly specialized structure composed of the epidermis and its appendages, and the tough fibro-elastic derma well vascularized and innervated. It is this tough elastic derma that forms the admirable bearing pad and a suitable underlay for the proper development of the epidermis.

In the local treatment of burns it is highly desirable to have the defect reconstituted, as nearly as possible by normal skin, in order to give a good functional surface and to prevent deformities.

The failure to attain this result is due to one thing, namely, the organization of granulation tissue into scar tissue. It is scar tissue that produces contractures. It is the epidermization of scar tissue that produces the poor-bearing surface of hyperkeratotic "scar skin" that binds, shortens, cracks, peels under the every day trauma of ordinary activity, and is useless as a bearing surface for labor. It is stiff and devoid of elastic tissue, is poorly vascularized, and poorly innervated. The epidermal appendages are few or absent. The presence of too much scar tissue underlying a skin graft robs it of much of its good functional result.

Regeneration of the epidermis of burned skin takes place from viable epithelium in the area, i.e., from the margins of the wound, from hair follicles, ducts of sweat glands, and epidermis that has escaped complete destruction in the burned area. It is obvious that if the whole thickness of the skin is destroyed the only possible source of restitution of the epidermis is from the margins of the wound.

Healing by granulation tissue usually goes on to scar tissue formation, but in partial damage of the derma if epithelization is rapid enough, the granulation tissue appears to resolve and is replaced by reconstituted elastic derma.

The healing of burns, then, resolves itself into a race between granulation tissue formation and the regeneration of the epidermis. Upon the outcome of this race will depend the necessity or not of grafting.

Infection inhibits epithelization, and further destroys the skin and favors granulation tissue, so that the control of infection is of great importance.

Burns, from the point of view of healing, fall into two classes: (1) Those that re-

establish good skin and do not require grafting. (2) Those that fail to heal, or heal by scar skin and will require grafting.

Major burns are a great nursing problem. The treatment of these is divided into (1) general and (2) local measures. Timing is the most important factor and one should start the treatment of a major burn within thirty minutes of the accident. A patient's life can be lost if shock is not attended to right away. Local treatment is only secondary to the shock treatment. At the Montreal General Hospital, as in all other medical centres, burns have been a field of worry and anxiety to the surgeons for many years and much research has been done to improve treatment. From the combined efforts of Doctors Gurd, Ackman, Gerrie and Pritchard came a very practical and simple method of managing severe burns.

The sulphathiazole drugs have been put to varied uses, both local and oral, with great success in many fields, so it was quite in order to try them out on burns. An emulsion of 5 percent sulphathiazole was made in our own dispensary and was first applied to minor burns, with most satisfactory results. The formula of this emulsion is:

Sulphathiazole (finely powdered) ..	5%
Triethanolamine	2%
Distilled water	24%
White beeswax	5%
Liquid paraffin	64%

It was then decided to try it on major burns but, due to the shock present and the severity of these burns, a special technique was devised and made routine in this treatment. Many problems came up when this technique was decided on. First, what inexpensive material could be used to spread the emulsion on, and what could be salvaged when finished with? The surgeons decided on single layers of 4″ x 6″ strips of English curtain mesh. The next problem was that the pressure dressing had to be adapted to the treatment of these burns. Something practical is necessary to apply over the gauzes to keep them in place to avoid plasma loss, prevent serum blebs under the mesh and give the patient a comfortable dressing. They decided on ordinary "plumbers' waste", or cotton waste as it is better known. This material now comes to the wards in one-pound packages already sterilized by autoclaving. This cotton waste can be used again after washing and re-autoclaving. Flannel or flannelette bandages, cut on the bias, are ideal to bandage the dressing and give the required pressure to the part. You may see by the pictures, the neat and efficient bandages of third degree burns, applied to an arm and a leg. The emulsion acts to some extent as an anaesthetic and with the application of the pressure bandages, the patients are very comfortable.

No longer does the nursing staff have to spend hours changing moist dressings or keep spraying dyes or tannic acid on the burns. This dressing is done on admission, and does not need to be changed until the seventh day when the first dressing is removed down to the mesh layer and the burned area is inspected. If healed, no dressing is required, otherwise a new dressing is applied after the emulsion is replenished over the mesh.

By this method, deep burns are ready to be grafted by the fourteenth day thus cutting down many days of waiting. We have seen third degree burned areas ready to be grafted by the seventh day but due to the toxic phase which follows the shock stage from the second to fifth day, it was deemed advisable to wait for the general condition of the patient to improve. The "pressure

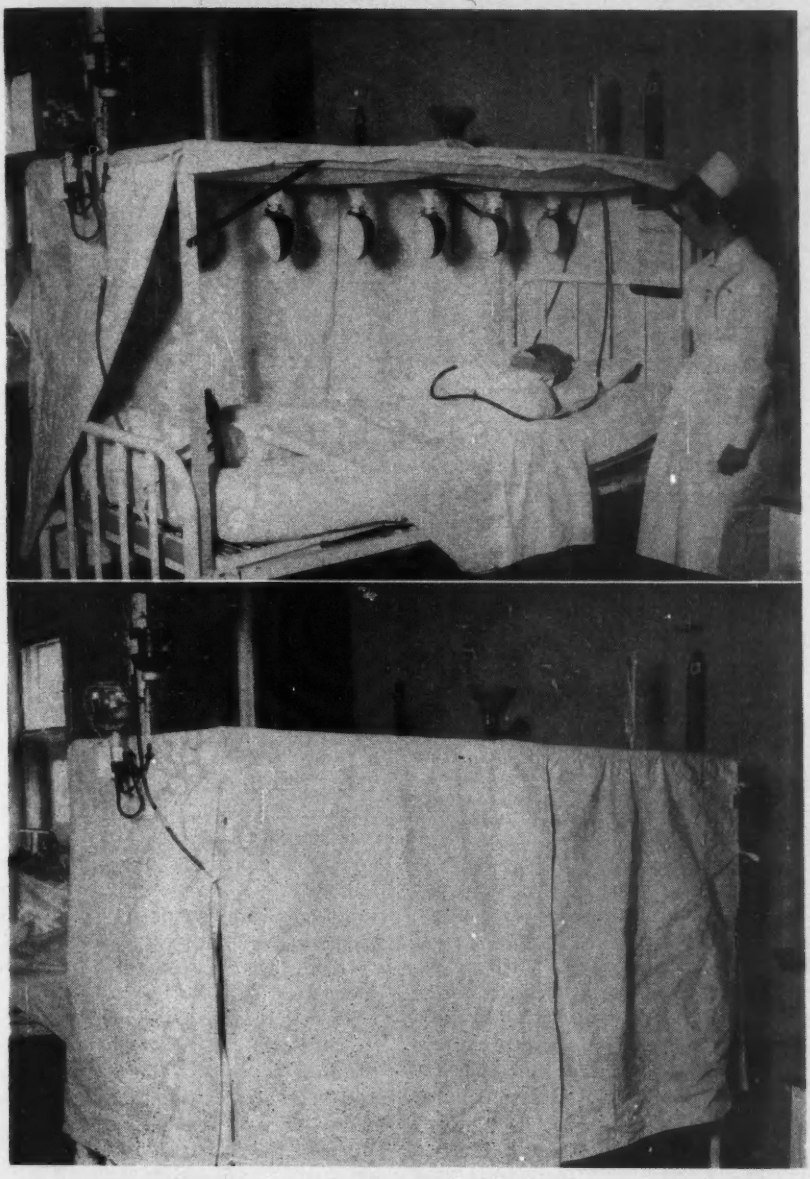

Fig. 1 *shows burn tent open. Fig.* 2 *shows burn tent closed.*

emulsion dressing" so described may be used satisfactorily for all areas, for all depths of burns, and at all stages from first-aid to final healing, including skin-grafting. No preliminary preparation other than the dressing is needed before grafting is done. For large surface areas, trunk or thigh, tannic acid or silver nitrate may still be used; so far the surgeons have not found a better eschar. When so treated, these eschars are removed surgically in the third week if necessary.

When the word has come that we are receiving a major burn, a special tent is set up over the bed. It is made of wood, is three feet high and covers the full length and width of the bed. There are six lights down the centre rod with individual switches to help regulate the heat. A heavy duck canvas cover was made in our linen room which stretches over the tent and down the sides to be neatly tucked under the mattress. The patient is received into this bed and the heat is gradually raised to 80 degrees F. Morphia is administered on admission and repeated if necessary.

Now, the shock team consisting of an attending senior surgeon, a resident and an interne takes over, giving the patient blood substitutes, plasma or albumen. This is administered by cutting down on the great saphenous vein at the ankle or, if this is the burned area, by cutting down on the arm veins. The amount of plasma required is regulated by the degree of blood concentration. When the shock treatment is well under way, and the condition of the patient permits it, the local treatment is started by the burn team consisting of the same number of personnel.

Operating room technique is carried out on the ward in the tent. Anaesthesia is seldom necessary except for children. The dressing carrier should contain all necessary equipment so as not to delay the treatment and keep the area further exposed to possible infection. There should be sterile gowns, caps and masks, gloves; a sterile basin with water and pure castille soap; saline; a sterile field with forceps, scissors, tongue depressors; a container to hold the emulsion; a few swabs, gauze dressings, sterile strips of lace mesh, plumbers' waste, bias bandages; a hood mask if the patient's head is burned.

Using aseptic precautions, the step-by-step procedure of this technique is as follows:

Treat shock first.

No anaesthesia.

With aseptic technique, cleanse burned area with soap-suds made from castille soap.

Rinse with saline.

Apply single layer of sulpha-mesh strips over which the emulsion has been spread; this basic dressing may be left on at re-dressing.

Apply over this, gauze dressings of 3 or 4 thicknesses generously impregnated with emulsion.

Apply the pressure dressing, i.e. "plumbers' waste".

Wrap in sterile towel or towels; this enables one to put on the bandages with less difficulty.

Bandage firmly with the bias bandages.

A plaster moulded splint is added for hand, forearm, etc., in the functional position.

This dressing proves to be a very comfortable dressing for the patient and, being securely applied, does not fall off and consequently does not have to be changed for 5 to 7 days.

In major burns, the blood pressure and pulse are taken every hour for the first 48 hours and the temperature every four hours. The patient is kept well under sedative for the first 48 hours. Sulfanamides, intravenously or orally, are started on the second day and given every four hours. Fluids are given as tolerated the first 48 hours and then force fluids with daily minimum of 3000

ccs. A diet, high in protein and carbohydrate, is started after 48 hours. The tent may be taken away about the fifth day.

We want to stress the fact that this technique is a wonderful timesaver in a busy surgical ward. Besides being a most efficient way of treating burns, it saves time and material. It is a clean way of dressing burns, there being relatively little odour present from the dressing; this feature helps the patient's morale and is also valuable in any ward. This treatment prevents the staining of linen and thus saves laundry. It is obviously most economical of time and materials and the handling of patients is facilitated.

Here is a synopsis of 120 cases treated at the Montreal General Hospital with the pressure emulsion dressing technique:

(*to be continued on Page* 34)

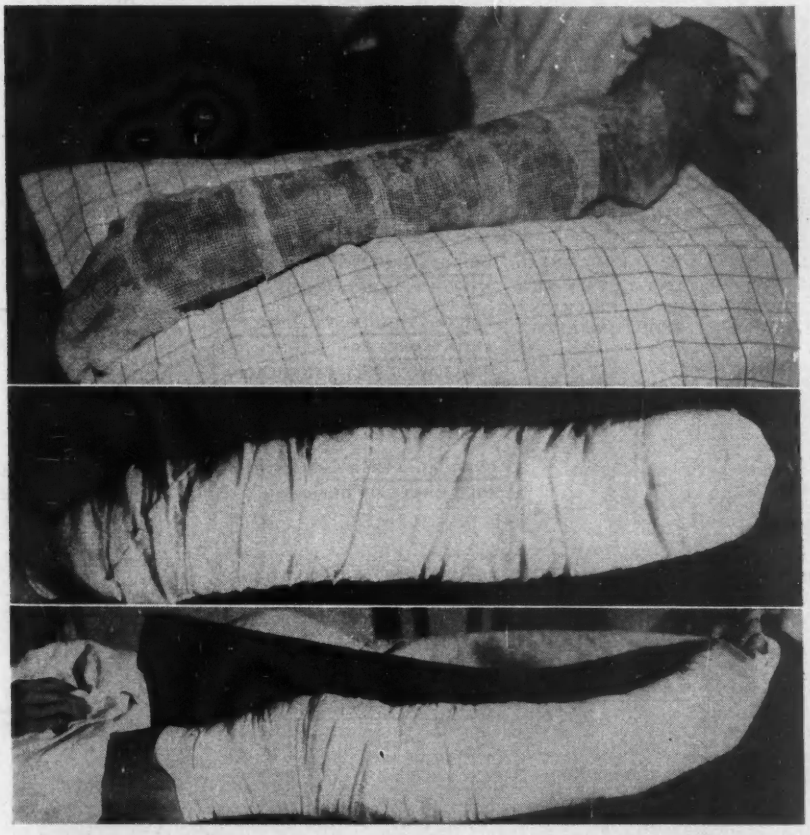

Fig. 1 *shows basic "sulfamesh" dressing. Fig.* 2 *shows completed burn dressing. Fig.* 3 *shows completed burn dressing with posterior plaster mould.*

TIMING IN THE HOSPITAL TREATMENT OF MAJOR BURNS

THE MONTREAL GENERAL HOSPITAL

		PERIOD OF SHOCK 48 HOURS	
	FIRST HOUR	FIRST 24 HOURS	SECOND 24 HOURS
GENERAL TREATMENT	HYPO MORPHINE ¼ GR. REPEAT IN THE HOUR	CONTINUE MORPHINE AS MAY BE INDICATED DURING THIS PERIOD	
SHOCK TEAM 24-HR. SERVICE		CORTIN 25 CC. IN EXTREME CASES	CONTINUE CORTIN INTRAMUSCULARLY 10 CC. Q. 6 H. AS INDICATED FOR 3 OR 4 DAYS
UNDER SUPERVISION SENIOR SURGEON	SERUM OR PLASMA IN AMTS. OF 500 CC.	CONTINUE TO A MINIMUM OF 2,000 CC. (PLASMA OR SERUM) FOR 10% BURN IN 48 HRS. CONTINUOUS INTRAVENOUS DRIP. CONTROL THE AMOUNT OF SALINE AND SERUM OR PLASMA BY HEMOGLOBIN READINGS.	
	HEAT — DEVELOP SLOWLY TO 80° UNDER TENT		A.T.S. 1,500 UNITS
	WATER BY MOUTH CONTAINING CARBOHYDRATE FOR FIRST 24 HOURS		FLUIDS AS TOLERATED
	OXYGEN ENDOPHARYNGEAL TUBE		
	INTRAVENOUS GLUCOSE SALINE IF NEEDED		ENEMA
LOCAL TREATMENT	DELAYED UNTIL INTRAVENOUS SHOCK TREATMENT BEGUN AND EFFECTIVE	DÉBRIDEMENT WITHOUT ANESTHETIC	
BURN TEAM		TRUNK, THIGHS, LEGS, FEET, ARMS, FOREARMS SPRAY WITH 10% TANNIC ACID FOLLOWED BY 10% SILVER NITRATE. REPEAT Q. ½ H. UNTIL TANNED	
UNDER SUPERVISION OF SENIOR SURGEON		CRITICAL AREAS—SULFATHIAZOLE EMULSION DRESSINGS	DRESS AND DÉBRIDE ON 2ND DAY ONLY IF INDICATED
LABORATORY EXAMINATIONS	HEMOGLOBIN ESTIMATION OR HEMATOCRIT OR R.B.C. COUNT	REPEAT Q. 1 H UNTIL HEMOCONCENTRATION CONTROLLED, AND THEREAFTER AT LEAST Q. 4 H.	BLOOD CHEMISTRY TOTAL PROTEIN (ALB. AND GLOB.) CHLORIDES SUGAR CO_2 COMB. POWER
		CULTURE OF BURNED SURFACE (BEFORE TREATMENT)	CULTURES WITH DRESSINGS
			URINALYSIS
CLINICAL DATA	ADMISSION T.P.R.	CHART	T.P.R. Q. 4 H.
		PULSE Q. 1 H. B.P. Q. 1 H.	B.P. AND P. CHART Q. 1 H.
		HEMOGLOBIN % Q. 1 H.—4 HRS. THEN Q. 4 H.	
		TEMP. Q. 4 H.	
CHART		INTAKE AND OUTPUT DAILY	INTAKE AND OUTPUT DAILY
		PLASMA OR SERUM	
		SALINE OR GLUCOSE SOL.	
		BLOOD CHEMISTRY	
		CORTIN	
			PROGRESS NOTES

TIMING IN THE HOSPITAL TREATMENT OF MAJOR BURNS

THE MONTREAL GENERAL HOSPITAL

	TOXEMIA	GRANULATION & INFECTION	HEALING
	2ND TO 5TH DAY	5TH TO 14TH DAY	2ND TO 6TH WEEK
ERAL ATMENT	SEDATIVES MORPHINE OR NEMBUTAL, ETC., AS INDICATED	SAME	SAME
CK TEAM HR. SERVICE	SULFONAMIDES INTRAVENOUS OR BY MOUTH ONLY IF URINE OUTPUT 1,000 CC. 1 GRAM Q. 4 H.	SAME	SAME AS INDICATED
DER PERVISION IOR RGEON	BLOOD SUBSTITUTES AND/OR INTRAVENOUS SALINE AND GLUCOSE AS INDICATED BY BLOOD CHEMISTRY	TRANSFUSIONS 500 CC. Q. 2 DAYS AT LEAST DEPENDING ON R.B.C.	
	HEAT CONTINUED THROUGHOUT THIS PERIOD	HEAT MAY BE DISCONTINUED	
	FLUIDS MINIMUM OF 3,000 CC. BY MOUTH	SAME	FLUIDS 2,000 CC.
	DIET HIGH PROTEIN AND CARBOHYDRATE	SAME DIET	SAME DIET
	ENEMA Q. 2 DAYS	VITAMIN TABLETS CATHARTICS, AS INDICATED	VITAMIN TABLETS CATHARTICS, AS INDICATED
CAL EATMENT	UNROOF ANY INFECTION AND APPLY SULFATHIAZOLE EMULSION DRESSING	UNROOF ANY INFECTION AND APPLY SULFATHIAZOLE EMULSION DRESSING	UNROOF COMPLETELY AT START OF THIS PERIOD—2ND DEGREE BURNS REDRESS WITH SULFATHIAZOLE EMULSION AS NECESSARY
RN TEAM			
DER PERVISION SENIOR RGEON	CRITICAL AREAS DRESS AND DÉBRIDE Q. 2 DAYS ONLY IF INDICATED. DECISION BY SENIOR SURGEON	DRESSING DECISION BY SENIOR SURGEON	3RD DEGREE BURNS ALL AREAS SALINE DRESSINGS OR SULFATHIAZOLE EMULSION UNTIL CLEAN, THEN GRAFT AT ONCE.
BORATORY AMINATIONS	BLOOD CHEMISTRY	SAME	IF INDICATED
	SUGAR		SULFONAMIDE LEVEL
	UREA AND CREATININE		
	SULFONAMIDE LEVEL		
	BLOOD COUNTS & HB.	SAME	BLOOD COUNTS & HB.
	CULTURES WITH DRESSINGS	SAME	SAME
	URINALYSIS DAILY	URINALYSIS (ONE)	SAME (WEEKLY)
INICAL DATA	T.P.R. Q. 4 H.	SAME	SAME
	B.P. AND P. CHART AS INDICATED	DISCONTINUE	
ART	INTAKE AND OUTPUT DAILY	SAME	SAME
	CHART	SAME	SAME
	PLASMA OR SERUM		
	SALINE		
	GLUCOSE		
	SULFONAMIDES		
	PROGRESS NOTES	NOTES ON GRANULATION	NOTES ON GRANULATION
			OPERATION NOTES

Minor burns	81
Major burns	39
Infections	0
Deaths	22
(both within 2 to 3 hours)	

Time of healing, minor burns 6 to 14 days
Time of healing, major burns 14 days to 66 days (including required grafting)

In conclusion, on behalf of the nursing staff of the Montreal General Hospital, we would like to express our sincere thanks and appreciation to the surgeons who worked so hard to establish a simple and efficient routine technique in the treatment of major burns and thus help us to solve many of the nursing problems in these cases.

A Teacher's Prayer

O God of learning! instill within my students' minds,
The knowledge they will need to make a pass.
Take not from them their sense of reckoning,
When examinations do their conscience stir,
And wring from them some feeling of regret,
When they, in retrospect on ill-spent time will ponder.

May they not say: "Oh, not today, kind Miss,
Oh! not today give us this awful test,
'Twas late last night when I with pleasure parted,
My clouded mind and weary aching limbs
Was more than I could conquer, and alas
I did within myself feel far too drowsy
To study nursing science, drugs and health."

Shall I with softening heart forgive them all,
Or mark them gently, even though it seems
They know so little of the scientific care
Required for their patient's health and theirs
While many more dark hairs turn silvery white,
Blending with several now already there?
And people think a teacher's life so easy—
Oh! God of learning, grant me this my prayer.

M. Mercer

Montreal General Hospital

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

What of the Future?

LYLE CREELMAN

Our Public Health Page appears this month on its third birthday and through its medium the Executive of the Public Health Section of the Canadian Nurses Association extend to all public health nurses, and to all others who are interested in public health nursing, sincere wishes for a very successful 1943. Our Page has grown from infancy and is now a well established feature of the *Journal*. May its appeal in the interests of public health nurses grow even more lusty with age!

Your chairman has had the privilege of travelling across Canada twice within the past six months. First by train—five days and five nights from coast to coast. It is then that one realized the vastness of our great land and wonders how we can become a truly united Dominion. More recently the trip was a flying one—to glimpse the Fraser Canyon in the dim evening light and to behold, with the rising sun of the next morning, the brilliant scarlet and gold of the Ontario maples is an experience not soon to be forgotten. Then distances do not seem so great and one can more easily vision a greater unity in the future.

Perhaps our Public Health Page may be likened to travel through the air; through its wave lengths, which can reach almost simultaneously every public health nurse in the Dominion if they will only tune in (in the form of a yearly subscription) our profession can be brought much closer together. Through its printed word we can learn of each other's progress and of our difficulties, thus perhaps being of mutual assistance. And in this manner we can see in the future a greater unity, not only in our professional ideals but in our methods of carrying them out.

The past twelve months have brought many changes in our life and in our nursing activities. Events follow each other in very rapid succession on the home front as well as elsewhere and important decisions must be made very quickly. Since we met in Montreal in June the grant from the Federal Government has been received. It is being used for very specific purposes in the interests of nursing service in Canada and the allotment of this money has taken much careful thought and wise planning by our leaders. A part of the grant was set aside for bursaries to be given to individual nurses to prepare them for advanced positions. Of the forty-five bursaries first awarded twenty-five were received by public health nurses.

Probably never before in our history

have there been so many opportunities for qualified personnel. There are many positions in public health waiting for the new class of graduates to step in. Vacancies are occurring rapidly as a result of calls to the armed services and, to no less a degree, calls to matrimony. There are positions for teachers, supervisors, and administrators in public health nursing and we have not sufficient qualified nurses to fill them. At this time last year we were alarmed lest the great demand for nurses would result in a decrease in the enrolment for post-graduate courses in public health. To our surprise and gratification the enrolment has increased in most universities.

But, if we are to meet the increasing demands for organized health service, an even greater interest in such courses must be developed. More post-graduate experience of recognized standard must be provided. There are provinces in Canada in which no such opportunities are offered. We need more and more public health nurses because as never before the public are health conscious. Recently much publicity has been given to health in the press, over the radio, and from the platform. We know that much of the time lost in our war industries is due to preventable illness. We know too, that had there been adequate health supervision of the family and of the individual many young men would not have felt the bitter disappointment of rejection from the armed services through which they so earnestly desired to serve their country in its time of need. We are aware also that plans are being made for a national scheme of health insurance. When this is introduced, whether it be in the post-war period or sooner, more public health nurses will be needed, for nursing service is to be included and great emphasis is being placed on the prevention of disease and the preservation of health through every recognized scientific method. Employers in the many war industries are seeking nurses and happily many of them realize the need for public health training in the industrial service. In Canada we have yet a long way to travel in establishing the public health nurse in this field, but now when these services are starting, is the time to bring to the attention of employers the special techniques of the public health nurse and their adaptation to their particular needs, and to help these employers to realize that a first-aid service in industrial plants does not constitute a health service.

Accordingly, never before has it been more essential that we have established minimum requirements for employment in the field of public health nursing. These standards have been prepared by a committee of the Public Health Nursing Section of the Canadian Public Health Association and they are now being studied by a joint committee of this Section and the Public Health Section of the Canadian Nurses Association. They will very soon be ready for publication. The setting up of these standards is only the beginning; we have no means of enforcing them. But we, as public health nurses, must use every means in our power to influence employers to adopt these standards. This must be done through the education of the lay public, of professional groups, of doctors, and of nurses themselves, and it can only be done if each and every one of us demonstrates in our daily work, the advantages of preparation in public health.

Unfortunately, until there are sufficient public health nurses to fill all public health nursing positions, many employers will of necessity engage unqualified personnel. It is the duty of the employing agency to plan for the

introduction of the new nurse to the service, and for a continuous program of staff education even more carefully than when qualified personnel are available. It is the function of the university public health nursing staff to teach the fundamental principles of public health nursing which are basic in any public health service. It is the duty of the employing agency to assist the nurse, by means of a well-planned and supervised introductory program, to apply these fundamental principles to the particular service she is to render. In addition to this it is the duty of the agency to maintain a continuous program of staff education in order to keep the staff informed of new developments in the sciences which are basic to their teaching, in new and improved nursing techniques, in methods of teaching in line with educational advances, and in progress which is being made in the allied fields of medicine, social welfare, and education. It has been well stated that we either progress or retrogress—we cannot stand still. This is very true of a public health nursing service and we cannot hope for progress unless a continuous staff education program is provided.

With the thought in mind of finding out the methods used in Canada for these programs the Public Health Section meeting in June recommended that a study be made. This is already under way. A second recommendation was that a study be made of the salaries paid to public health nurses throughout Canada and also of any plans for superannuation. It is known that in many places salaries are very low and are not commensurate with the service which the public health nurse is expected to give. We will no doubt discover that where the salaries are low there is a proportionately low percentage of qualified personnel employed. The nurse who has expended the additional time and money to fit herself to give a better service will naturally seek the more remunerative positions. Here again we must educate the public and employers to the realization that, where salaries are low and working conditions poor, improvement of these will make it possible to obtain, and to retain, a staff who will more than repay the additional cost of increased salaries by the improved quality of service offered to the community.

The questionnaires on which these studies will be based have already been sent out by the provincial sections and we are confident that all those who receive these forms will co-operate in completing and returning them at the earliest possible date. Our published report of the findings can only be complete and of maximum value if we have one hundred percent returns.

And so we say, "What of the future?" It is to a very great extent in our own hands. We will make many errors but as long as we know our goal and keep it ever in mind our future is bright and secure.

Questions and Answers

The following is by way of a footnote. At our June meeting it was suggested that occasionally it would be desirable to have the material on our Page in the form of answers to questions—in other words a Question and Answer Page. The editor concurs in this and as soon as suitable questions are received the answers can be prepared. Send your questions to the convener of the publications committee of the Public Health Section, Miss Margaret Kerr, University of British Columbia, Vancouver. This committee reserves the right to decide on the suitability of the questions and answers for

publication. Some of the questions may be assigned for reply to experts in a particular field. Others may be questions seeking the opinion of public health nurses and in which case, with the permission of the editor, they will be published on this Page and answers invited. Such a feature should be very worthwhile and should stimulate additional interest. Reader, it is now up to you!

In Memoriam

Agnes Wightman Wilkie, the first Royal Canadian Naval Nursing Sister to lose her life on active service in this war, came to her death when the ferry steamship, Caribou, was torpedoed in Cabot Strait. In the tragic termination of her life we who knew her intimately realize fully that our profession has lost a good woman, a good nurse and a good friend. She came to the Misericordia Hospital in Winnipeg to study nursing, bringing with her an understanding heart and an earnestness of purpose which won for her the regard of both faculty and patients. She had that rare combination of ability and kindness which even a child could sense. I can well remember a small patient, for whom she happened to be caring, saying to me, "I am sure that Miss Wilkie loves me and she makes me feel so safe."

After her graduation in 1927 as one of the gold medalists of her class, she entered the field of professional nursing service and, whether as a staff nurse or as a nurse in general practice, was held in highest esteem by both her patients and professional associates.

It is not a little thing in the stress and strain of modern living to do justly, to love mercy and to walk humbly before God. Let us believe that on that cold autumn morning, as she floated away to her death, she heard above the receding tumult the sound of the waves breaking upon a farther shore and that to her fading sight there appeared the light of the daystar of eternal morning. She lived in the service of humanity. She died in the service of her country. There is no greater love.

—GEORGINA E. THOMPSON

"Mrs. Miniver"

Seated within the quiet sanctuary of my room, I lived again with "Mrs. Miniver". The warm gallant reality of her will remain with me until this war is over—I hope forever. For she drew me closer, not only to the courageous life struggle of the English people, but closer to all humanity, closer to all that is fine and brave within myself. Her story, as I watched it on the screen, made me reach out of the confines of my narrow sphere and grasp at something infinite. It shocked me out of my smugness, and drew from me the proud sad cry, "But I too am a Britisher—I too must sacrifice and suffer!"

As I walked home up the hill, slowly and alone, I looked up at the clear, cold stars. Even so, is the British Nation lifting up its eyes to Heaven. Slowly its people are drawing closer together, looking at each other, *seeing* each other, praying for each other, and in their hearts crying upon God. And it is the Mr. and Mrs. Minivers, brave, gracious, whimsical, everyday people, who will lead us, as we face our desperate need for a strength greater than our own.

It is given to us as nurses to live more greatly, if we will, than most people. For we are heartbreakingly, thrillingly close to the pulse-beat of mankind. We are given the power to heal, to succor, to serve. Fellow-men, at the lowest ebb of life, turn to us. We can live vitally, close to life itself. So let us thank God for the privilege of being nurses.

SHIELA MACKAY
Municipal Hospital
Red Deer, Alta.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

Resolutions for the New Year

MADALENE BAKER

Chairman, General Nursing Section, C.N.A.

Have you ever taken an hour off just to think of our liabilities as nurses? At the dawn of 1943, it seems well to take inventory. Our greatest aim is a return to a reign of peace. To that end we are looking, praying and helping. Nursing service and the war effort go hand in hand — for without health the citizens of Canada cannot contribute fully to the needs of our country. This is a time of interdependence, we are living in an inescapably interdependent world. We seek ways in which we can best serve our country. Let us be proud that it is our privilege as nurses to bring healing and health to our fellow citizens. We are under no illusions, however. *We know that all nursing service needs have not been met and we know that they must be met.* Let us together make this resolution for the New Year — *nursing service needs in Canada will be met.*

The attainment of this objective requires effort. Merely talking is not enough. Our liabilities can best be defined by exposing unfilled calls, and the reasons why they go unfilled. From a recent survey, we learned that the afternoon and night periods of duty with private patients in hospitals and homes are not all being taken care of. It is sometimes difficult to persuade nurses to provide nursing service for communicable disease cases, and there is a great call for general staff nurses in public and private hospitals located in urban and rural centres. Isolation hospitals, sanatoria, and mental institutions are also badly in need of staff nurses.

The reasons for these unmet needs are many. We hear a great deal about the shortage of nurses, but do we really know whether a shortage exists? One of the main factors in the present chaos in nursing service is maldistribution. This has struck at the very foundation of the nursing service supply; not to correct it means the undermining of a total war effort. There is no question but that we should take cognizance of the existence of maldistribution and that we should begin now to adopt corrective measures. It is in keeping with our professional traditions, it is consistent with our ideals, and it is necessary if private duty nursing is to survive the test of public opinion, and is to advance.

With whom does the responsibility for adjustment lie? We must concede that the problem can be solved only by members of the General Nursing Section, because we are the only foot-loose members in the nursing profession. We are the only nurses who are not per-

manently employed in a specific centre. There is the pressing and complex problem of supplying nurses for general staff duty in hospitals. We realize that satisfaction in her work implies for the nurse that she serves the community effectively. But we also claim that while doing so she should be given reasonable hours, a salary commensurate with her work, opportunity to advance, and constructive leadership.

This New Year's Resolution embodies the adoption of recommendations which are being distributed to all private duty nurses by the National General Nursing Section Executive. Briefly, these recommendations suggest that all physically fit nurses register for duty with a minimum amount of rest between cases; that they accept all periods of duty and types of cases for which they are fitted; that they assume their individual share of general staff duty, in institutions in their immediate and surrounding community, for a period not necessarily exceeding one month at any one time, subject to regulation of hours and salary as decided upon by the local group; that married nurses be accepted on the call board, for the duration of the war, under the same regulations that apply to other nurses; that an auxiliary list of inactive nurses be compiled to take care of war emergency and civilian nursing needs in the event of a shortage of nurses; and that the custom of collecting back fees be discontinued. It is further recommended that a rotation of duty for all registrants be worked out, thereby providing equal opportunity to registrants to provide service for all periods of duty under a rotation system.

The Executive Committee of the General Nursing Section presents these recommendations believing that they are just and believing that national nursing service needs will be met if every private duty nurse in every province will implement them. We, in Canada, have fortunately been spared many of the terrors and disasters of war. Our men and women in the fighting forces, in industry, in fact in every kind of work, are our Country's insurance policy. We are a part of that insurance policy. Our responsibility is to provide nursing service to the wives, children, husbands, mothers, fathers, sisters and brothers of our fellow-citizens, no matter where illness may befall them. Many members of our Section are serving in the armed forces and those who are carrying on in civilian duty in Canada stand prepared to give service in the best interests of our country. In a large measure the honour of the profession lies in our hands.

We have yet another responsibility which also entails a New Year's resolution. There is no better way to express our opinion of nursing problems than through the pages of the *Journal*. There is no better way to present national educational programmes. The potentialities of the General Nursing Page cannot be over-estimated. It has been helpful during the past year and it can be made a bigger, better thing. There is a *Journal* convenor in each province. Let us go into action with her and, for every present reader of the Journal, enlist one more in 1943. Our perspective would be broader and would develop more rapidly if every member of the General Nursing Section would read the *Journal*, write for the *Journal*, and help the *Journal* to help us.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Committees of the Canadian Nurses Association

It has become customary for information in respect to the means by which the Canadian Nurses Association functions, to be published in these *Notes* early in the biennium between general meetings. It is felt that in this way the younger and newer members may obtain a mental bird's-eye view of their National Organization.

The Executive Committee of the C. N. A. is the body responsible for the administration of the Association between general meetings. The president is supported by four officers who, with herself, are elected by ballot at the general meeting; other members of the Executive Committee are: the chairmen of the Sections—General Nursing, Public Health Nursing, and Hospital and School of Nursing; the convener of the Committee on Nursing Education; the immediate past president, and the Councillors who are the president and chairmen of the three corresponding sections of each provincial association of registered nurses. The method of appointment of Councillors assures the provincial associations equal representation, responsibility and privilege in participating in the National Organization.

Between general meetings, the Executive meets at the call of the President or upon the request, in writing, of two or more of the provincial associations of registered nurses.

The by-laws provide for the appointment of (1) standing and (2) special committees.

Standing Committees: There are four standing committees — arrangements, programme, publications, and nursing education. The functions of each committee are outlined in the by-laws of the Association. The duties of the committees on arrangements and programme relate to the regular General Meeting which is held biennially.

The personnel of the Publications Committee for the years 1942-44 consists of a convener, Grace M. Fairley, Vancouver General Hospital, Vancouver; Ruby M. Simpson, Constance E. Brewster, and the editor and business manager of *The Canadian Nurse*.

The Committee on Nursing Education evolved in 1938 from the Curriculum Committee of the Nursing Education Section, and in 1940 became a Standing Committee of the Association.

The objects of the Committee are :

To stimulate interest and secure the co-operation of all members of the Association through the three National Sections in promoting sound standards of undergraduate and post-graduate nursing education in Canada.

To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields.

To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The personnel is the convener, E. Kathleen Russell, School of Nursing of Toronto University; the chairmen of the three National Sections (1) Hospital

and School of Nursing, Miriam Gibson, (2) General Nursing, Madalene Baker, (3) Public Health, Lyle Creelman; the conveners of two sub-committees (1) Curriculum for Nurses-in-Training in Mental Hospitals, Nettie D. Fidler, and (2) Schools of Nursing Records, Ruth Thompson; and the presidents of the provincial associations: Rae Chittick (Alta.), Margaret Duffield (B.C.), Mrs. A. C. McFetridge (Man.), Rev. Sr. Kerr (N.B.), Mildred Walker (Ont.), Katherine MacLennan (P. E. I.), Eileen Flanagan (Que.), Matilda Diederichs (Sask.). The Province of Quebec is represented also by the vice-president (French) Sr. Valerie de la Sagesse. Each provincial president is convener of a provincial sub-committee which consists of the chairmen of the three sections and the adviser to schools of nursing. In 1942, the chairman of the Provisional Council of University Schools and Departments of Nursing was added to the Committee.

Special Committees are appointed by the Executive Committee whenever a specific project is to be studied. The findings and recommendations of these committees are submitted to the Executive Committee for guidance in determining future action and policy in respect to the problem subjects. Circumstances control the appointment of members to special committees. Certain studies can be made effectively only when conference between members is possible, therefore some committees must be selected from a limited area, while other studies call for representation of the provincial associations. Special Committees appointed for the biennium 1942-44, with personnel and functions of each committee follow. (The year in which a committee was first organized appears in brackets).

Florence Nightingale Memorial (1932) — to collect funds for the Florence Nightingale International Foundation (discontinued for the duration). In 1940 the responsibility of the granting of loans to members of the C. N. A. from funds in the general treasury was delegated to this Committee.

Mary Agnes Snively Memorial (1934) — to assist the Executive Committee in selection of nurses on whom the medal in memory of the founder of the C. N. A. is to be bestowed. Three medals are awarded biennially at the time of a general meeting. The personnel is not yet appointed for 1942-44.

Exchange of Nurses (1930) — the functions of this committee originally were to arrange for the exchange of members of the C. N. A. with nurses of other English-speaking countries, and for periods of observation abroad for Canadian nurses as well as for nurses from other countries who wish to come to Canada for similar purpose. These functions are suspended for the duration but the committee is continued. Convener, Mabel K. Holt, Montreal; with Fanny Munroe, Marion Nash, Edna Lynch and Jean S. Wilson.

Health Insurance and Nursing Service (1934) — to make a study of, and to keep closely in touch with, health insurance schemes; to have information available as may be required by the C. N. A. in the event of adoption of a plan of health insurance, national or provincial. Convener, Alice Ahern, Metropolitan Life Insurance Company, Ottawa, with F. Munroe, M. Roy, Jean Church, Edna Moore, Madalene Baker, Maude Hall, Sr. Madeleine de Jésus as a core committee and, as provincial representatives, Helen McArthur (Alta.), Esther Paulson (B.C.), Elizabeth Russell (Man.), Bertha Gregory (N.B.), Lenta Hall (N.S.), Edna Moore (Ont.), Anna Mair (P.E.I.), Fanny Munroe and Maria Roy (Que.), Josephine Reilly (Sask.). At the general

meeting in 1940, it was agreed that each provincial association should have a similar special committee which would provide a useful medium through which studies of existing health schemes could be made, and be prepared to take the initiative in advocating the inclusion of nursing service in health insurance schemes when such steps seem appropriate.

In 1942 it was agreed that each national Section appoint, from the present membership of the committee on Health Insurance and Nursing Service, a member to represent it on the National Committee; each representative to report progress by the National Committee to her section; further, that each provincial committee on Health Insurance and Nursing Service have representation from the corresponding provincial sections.

Legislation (1935) — the functions of the Legislation Committee are (1) to watch legislation at Ottawa which might affect nursing; (2) to follow the policies of the C. N. A. to see that they are in accord with the constitution, and to recommend amendments to the constitution when deemed advisable; (3) to act as a co-ordinating committee to consult with and to be advisory to provincial committees and to be informed of changes in legislation in any province affecting the status or the practice of nursing. Convener, Alena J. MacMaster, Moncton Hospital, Moncton, with Helen Peters (Alta.), Mary Henderson (B.C.), Elsie Wilson (Man.), Dorothy Parsons (N.B.), Marion Haliburton (N.S.), Ethel Cryderman (Ont.), Eileen Flanagan (Que.), Matilda Diederichs (Sask.).

Hours of Duty for Nurses (1938) — to proceed with definite plans to secure an eight-hour duty period for student nurses, and to take steps to implement and bring into force an eight-hour day for graduate registered nurses. Convener, Kathleen W. Ellis, University of Saskatchewan, Saskatoon, with Margaret Fraser, Edith Amas and Mary Ingham and, as provincial representatives, B. Beattie (Alta.), Marjorie Black (B.C.), Jean Houston (Man.), Mabel McMullin (N.B.), Jane Watkins (N.S.), Gertrude Bennett (Ont.), Anna Bennett (P.E.I.), Fanny Munroe (Que.), Muriel Thompson (Sask.).

History of Nursing in Canada (1938) —to study the question of the preparation of the History of Nursing in Canada and to collect material for a History of Nursing in Canada. Convener, Mary Mathewson, School for Graduate Nurses, McGill University, with Matilda E. Fitzgerald, Jean E. Browne, Jean S. Wilson and, as provincial representatives, Kate Brighty (Alta) Mabel Gray (B.C.), Edith McDowell (Man.), Ada Burns (N.B.), Sister Mary Peter (N.S.), Elizabeth Clarke (Ont.), M. H. Thompson (P.E.I.), Martha Batson (Que.), Ruby Simpson (Sask.).

Study Committee, Dominion Health Council (1942) — to meet with the women members of the Public Health Council in order to bring, to the Council, Canadian nursing opinion. Convener, Kathleen W. Ellis, University of Saskatchewan, Saskatoon; with the chairmen of the three national Sections — Hospital and School of Nursing Section, Miriam Gibson; General Nursing Section, Madalene Baker; Public Health Section, Lyle Creelman.

Committee on Subsidiary Nursing Groups (1942) — to study qualifications and standards for subsidiary nursing groups. Convener, Kathleen W. Ellis, University of Saskatchewan, Saskatoon; with the chairmen of the three national Sections — Hospital and School of Nursing Section, Miriam Gibson; General Nursing Section, Madalene Ba-

ker; Public Health Section, Lyle Creelman.

Advisory Committee to the Emergency Nursing Adviser (1942) to act in an advisory capacity to the Emergency Nursing Adviser. Marion Lindeburgh, chairman; with Grace M. Fairley, E. L. Smellie, F. Munroe, M. Buck and E. K. Russell.

The National Joint Committee on Enrolment of Nurses for Emergency Service in War and Disaster (1926) — a joint committee of representatives of the Canadian Red Cross Society: Jean E. Browne, chairman, Mrs. H. P. Plumptre, Dr. J. T. Phair; and of the Canadian Nurses Association: Marion Lindeburgh, Florence Emory and Isabel McEwen.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from :

Ontario :

District 1 :

Nurses, Grace Hospital, Windsor ..	$ 6.00
Nurses-in-training, Victoria Hospital, London	80.00
Nurses, London Central Registry ..	320.00
Districts 2 and 3 :	
A.A., Guelph General Hospital	43.00
Graduate Nurses Association, Listowel	75.00
District 4:	
A.A., Niagara Falls General Hospital	27.09
District 5:	
Nursing Sisters :	
Toronto Military Hospital	29.00
Toronto Convalescent Hospital	8.00
Camp Borden Military Hospital ..	25.00
District 6 :	
Peterborough Chapter	17.45
District 7 :	
Kingston Chapter	15.00
District 8 :	
Nursing Sisters, Petawawa Military Hospital	75.00
District 9 :	
Nurses, Kirkland Lake	3.25
Prince Edward Island :	
A.A., Prince County Hospital, Summerside	25.00
Nova Scotia :	
Halifax Branch, R.N.A.N.S.	51.10
Antigonish-Guysboro-Inverness and Richmond Branch, R.N.A.N.S. ..	4.00
Pictou Co. Branch, R.N.A.N.S.	20.00
Halifax Group, Royal Victoria Hospital Alumnae	11.75

Emergency Dentistry in Newfoundland

Just got back from Trepassey Bay where the brogue is thick on the tongue. One day while the nurse was out visiting I was pinch-hitting for her in the surgery when an old man, looking just like Santa Claus, staggered in, said he was 83 years of age and that neither "nurse, doctor nor praste" had ever put a hand on him, but an auld snag of a tooth kept him from chewing his tabacky and smoking and if I couldn't haul it out, I might drive it down. It was really only a matter of lifting it out of the gum. He looked so decrepit and cold I took him to the kitchen and put his feet in the oven and gave him a drop of Nelson's Blood (rum). He became very loquacious and told yarns, particularly about the daughter-in-law who he said was treating him abominably. Then we took him home and, when last seen, he was puffing away on the old dudeen and looked good for another ten years.

I'm on my way today to the Avalon Peninsula. The roads in the area will soon close and I'm usually the last out. Any day now the weather will change.

—Syretha Squires, Director, Departmental Nurses, Department of Public Health, Newfoundland.

Report of the Nursing Reconstruction Committee

Editor's Note: It should be made clear at the outset that the findings and recommendations outlined in the following Report apply only in Great Britain and have not yet been adopted even in that country. The Report was prepared by a committee (sponsored by the Royal College of Nursing) of which Lord Horder, M.D., is the chairman, and Miss F. Goodall and Mrs. H. M. Blair-Fish are joint secretaries.

It would, of course, not be in order for this *Journal* to publish any discussion of this report in so far as it is specifically related to the situation in Great Britain. But there is no reason why it should not be discussed in the light of its applicability (or otherwise) in Canada. The Report differs from all previous surveys of nursing service and education because it assumes that the position of the Assistant Nurse is pivotal, and that "her status offers the key to the improved training and employment of her senior partner, the State Registered Nurse". The *Journal* stands ready to publish comments on the Report provided they are directly related to the nursing situation in Canada.

Terms of Reference: To consider ways and means of implementing the recommendations of the Interim Report of the Inter-Departmental Committee on Nursing Services, and to recommend such further adjustments to the nursing services as the present situation and post-war reconstruction may demand.

Foreword: The Nursing Reconstruction Committee, which was set up by the Royal College of Nursing in November, 1941, is now able to present Section 1 of its Report, which concerns the instruction, qualifications, control and employment of the Assistant Nurse. Other sections, dealing with recruitment to, and economic conditions in, the nursing profession, and with the education and training of the state registered nurse, will be issued in due course.

The personnel of the Nursing Reconstruction Committee is widely representative not only of nurses themselves, but of the many national associations with which the nurse comes into professional contact.

When the Inter-Departmental Committee on Nursing Services, set up by the Minister of Health and the President of the Board of Education, published its Interim Report, it was anticipated that the recommended reforms would be carried out without delay. Owing to the war, the sittings of this Committee have been indefinitely postponed, and although some of its recommendations have been, and are being, implemented —notably the establishment of the Nursing Recruitment Centre by the King Edward's Hospital Fund for London, and the working out of national scales of salaries for the profession — there are others which, in the opinion of the Nursing Reconstruction Committee, are no less urgent. The nursing situation has not stood still and, of certain contingencies which have arisen, none calls for more radical adjustments than the problem of the Assistant Nurse.

It may be asked why the section of the Report, dealing with this grade of nurse should take precedence over those sections which concern the State Registered Nurse. But a review of the position from the national, rather than the sectional, angle shows that the position of the Assistant Nurse is pivotal. Far from lacking importance, the Assistant Nurse of the future, as envisaged by the Committee should become one of the most stable elements in our national

nursing service—an integral part of the profession, and a person whose status offers the key to the improved training and employment of her senior partner, the State Registered Nurse. Moreover it is only when the services of the Assistant Nurse have been defined and regulated that matters affecting the State Registered Nurse can be brought into line — her student status assured when in training and her skill used to the best advantage when she is trained.

The activities of the Assistant Nurse as she exists to-day have been the cause of much misgiving among the fully qualified members of the profession, so that quite an important section of this report is (almost inevitably) concerned with safeguarding their position against uncontrolled competition. This aspect though it receives due emphasis—and rightly so—is, however, of secondary importance. The main target is the provision of a complete nursing service, both preventive and curative, for the nation, taking into account questions of demand and supply and putting available skill to the most profitable use in the interests of the public.

Until recently, the chief sphere of usefulness of the Assistant Nurse has been among the chronic sick in our Public Assistance Hospitals. With the rapid development of the Health Services, her field of work should obviously be much wider. Provided her activities are controlled, and she works under supervision, there is a place for her in several other spheres of work—in factories, in certain health clinics, in nursing homes, in tuberculosis and other special hospitals, and in many small institutions at present trying to solve their staffing problems largely by means of student labour.

The Report which deals with these matters in some detail, has been divided into two parts: Part A, Review of the Present Position; Part B, Recommendations. A summary of these recommendations, together with certain appendices, follows. There only remains to add a syllabus of instruction for the Assistant Nurse. This has been held over pending the issue of a syllabus relating to the State Registered Nurse's training.

On matters of general principle, the Committee can record almost complete agreement. It therefore submits with confidence a report which it believes to be based upon the most comprehensive study of the subject yet made in this country, and in the hope that its findings, representing the considered views of such a wide body of opinion, will be accepted as the principles governing action.

Review of the Present Position : Assistant Nurses have been defined as women who, being neither State Registered nor in training for the State Register, undertake nursing for a livelihood. Generally speaking, these nurses have not hitherto had to conform to any recognized standards, and their qualifications and experience, and the quality of their work, vary within wide limits. No figures are available of the numbers of Assistant Nurses working in this country, though they must run into many thousands. The Athlone Committee, which included a report on their activities, was of opinion that, in view of the perennial shortage of State Registered Nurses, it would not be possible for some years to come, if indeed it ever would be possible, to carry on the nursing services of the country without their aid. The Committee also found that many such women were doing excellent work, especially in hospitals for the chronic sick; and that, where they worked under trained supervision, their employment was a great help to the community.

There is, however, another side to the picture, for the Report continues: "Their uncontrolled employment con-

stitutes a definite danger to the patients under their care, and tends to lower the status of the whole nursing profession . . . It is therefore obvious that a proper control of these Assistant Nurses is urgently required, and that their position in the nursing profession should be regularized". This lack of control has led to many abuses, particularly in private practice, where, for lack of legal protection, not only is the patient without any clear idea of the qualifications of the woman who is nursing him, but the State Registered Nurse is subjected to uncontrolled and unfair competition.

War and Post-War Needs : With the advent of war, the demand for all nursing grades has increased, while, owing to the rival claims of other national work, the sources of supply have seriously shrunk. Rationalisation has become imperative, not only to bring order out of chaos, but to ensure that all nursing grades are fully (but not wastefully) employed in the work for which they are best suited.

It has been the task of the Nursing Reconstruction Committee to take up the problem where the Athlone Committee's Interim Report left it and in the light of wartime demands and probable post-war developments, to draw up suggestions with regard to the control, qualifications, training and employment of the Assistant Nurse, on the assumption that under supervision and with proper safeguards, there is a definite place for her services. One aspect of the question should be emphasized at the outset. It has too often been customary to discuss the work of the Assistant Nurse only in relation to the nursing of the chronic sick. If the whole field of nursing is to be reviewed, however, obviously she can be allotted an honoured place in many other branches of work—in dental clinics, factories, nursing homes, and so on.

Two Main Sources of Criticism : No aspect of 'organised nursing' has aroused more acute controversy than the problem of the Assistant Nurse, though discussion as to whether she should be recognized is largely academic, since it would seem impossible to build up a national nursing service without taking her work into account. It is noticeable that opposition comes from two main sources : (a) State Registered Nurses in private work, whose practice suffers grievous inroads from this class of worker, but whose status would not only be assured but actually enhanced once the proper sphere of the Assistant Nurse has been defined by law; (b) State Registered Nurses with no real knowledge of the Assistant Nurse's most useful field of work, that is in hospitals caring for the chronic sick. Obviously it is in such institutions that the Assistant Nurse has her greatest contribution to make to the nation's health services, and where, in any case, it is quite impossible to recruit a sufficient number of State Registered Nurses to carry on the work unaided. Indeed, the employment of highly qualified women for the purely routine tasks which take up so much time in these institutions is wasteful, and hardly in the national interest.

Alternative suggestions : One solution put forward by those who oppose the enrolment of Assistant Nurses by the General Nursing Councils consists in lowering the theoretical standard of the State examinations so as to bring them within the capacity of such nurses; the type of nurse now taking the State examinations would then be encouraged to proceed to her present standard—and to secure still higher qualifications—through post-certificate courses. Those who recommend this method maintain that such a scheme would preserve the 'integrity' of the Nurses Registration Act. Most people are of the opinion,

however, that a drastic reduction of standards is not the way to preserve such integrity, and that it would be impossible to make the curriculum fit candidates with such a wide range of education and ability without wasting the more promising student's time. Actually there seems little to commend such a lowering of the examination standard for all, compared with the institution of elementary tests for the Assistant Nurse, with emphasis on the acquisition of practical skill.

Another suggestion often put forward is that training schools would give better all-round experience, and the chronic sick receive better care, if every hospital included some wards for this type of case. Undoubtedly every nurse would be the better for an insight into such valuable work, but as a contribution to the staffing problems of hospitals caring for the chronic sick its effect would be negligible and it is unlikely that hospital boards (under the voluntary system at all events) would add still further to their waiting lists by adopting it.

Finally there is the proposal that trained nurses would readily undertake the work in such hospitals if their conditions of service were improved. It is well known that the conditions in some institutions call for radical alteration. But even under the best circumstances staffing problems would still be governed by the fact that there are not enough trained nurses in the country for all the work to be done : even in hospitals for acute cases, it is all that the authorities can do to secure enough trained staff. Sisters have to manage as best they can with student labour (if procurable), eked out by an irregular flow of Assistant Nurses of varied experience, and often obtained at a high figure, from the local nurse supply agencies. The acute shortage is to some extent due to the war, but the situation is not new, and the war has only intensified it. Post-war conditions will probably bring more trained nurses back into the market, but it is unlikely that even then the number will be adequate, and it is obvious that the simpler nursing duties must be carried out where possible by Assistant Nurses.

A Misconception : There is a popular misconception that in this matter of nurse supply the two grades of staff will tend to be allocated according to the social status of the patient. To maintain that the poor man must be content with the services of the Assistant Nurse, while first-class nursing will still be available to the rich, is an argument unworthy of our nursing traditions; it appeals to prejudice and seeks to confuse the issues. Under the proposed scheme the only criterion will be the quality of service required. It is the patient's physical condition and not his income which must determine which grade of nurse goes to the castle and which to the cottage.

Nor does this mean that the simpler nursing duties should be performed less well. Instead of dividing the sick population into acute and chronic, and concentrating attention largely on the former, there is an urgent need to look on the problem as a whole and to plan a service which will cater for all in need of nursing care. Viewed from this angle, the Assistant Nurse should no longer be regarded as an inferior type, a 'second grade' or 'helper,' instructed in such essentials as will enable her to carry out the work which trained nurses find uninteresting and therefore will not do. Such a type of nurse must disappear, to be replaced by one thoroughly versed in all the branches of nursing work in which her services are needed. There should be no bar to her proceeding, if she shows promise, into the higher ranks of the nursing service. Her primary

equipment should be innate refinement, intelligence, and a desire to nurse. There is an urgent need for this type of girl to be trained, and trained well, but so long as she receives the minimum of instruction, with a low salary and no status, the present state of affairs will continue, or deteriorate still further, and the nursing of a great number of patients will remain as unsatisfactory as it is to-day.

Qualifications for Enrolment: Opinion is sharply divided as to the type of candidate to be recruited as an Assistant Nurse. Trained nurses in Scotland, alarmed at the number of such nurses who have started to train for one or other of the State Registers, and then have broken their contract or failed in their examinations, would put as many handicaps as possible in their way and confine recruitment to older women. All young candidates of trainable age should, they feel, be made to qualify for the State Register.

In England and Wales, the impulse to repress the Assistant Nurse altogether, or at least to ignore her existence whenever possible, has given place to realization of the definite need for her services, not only in hospitals caring for the chronic sick (as is more usually implied) but in many other types of nursing work. It is also felt that State Registered Nurses have an obligation not so much to discourage her as to fit her more adequately for her manifold tasks. Sponsors of the 'Essex Scheme', for example, maintain that to-day far too many nurses are dragged through a State curriculum for which they are entirely unsuited, either by temperament or education; that the presence of these women in the ranks of State Registered Nurses lowers the whole dignity and status of the profession—then only too justifiably referred to a 'pseudo-profession'—whereas, given a proper status in their own sphere, they are potentially valuable workers.

The war has emphasized the wisdom of the Athlone Committee in recommending that the instruction of the Assistant Nurse be regularised, that she be admitted to a national roll, that, with the exception of nurses in training, only the State Registered Nurse and the Enrolled Assistant Nurse should habitually and for gain, be permitted to nurse the sick, and that the activities of the nurse supply agencies be controlled. All these recommendations are interdependent, and no one of them can function adequately without the other two.

The second part of this Report is concerned with the suggestions for implementing the foregoing principles, and deals, therefore, with the qualifications, instruction, employment and control of the Assistant Nurse, male and female. It must be clearly understood, however, that the recommendations which follow depend on acceptance of the principle that nursing be controlled, and restricted to those who are legally entitled to practise.

Recommendations: The Committee recommends adherence to the title 'Assistant Nurse.' In arriving at this decision the Committee is not unmindful of the reservation made by representatives of the Royal College of Nursing before the Athlone Committee to the effect that the word 'nurse' should be avoided and that an official title such as 'registered invalid attendant' would help to distinguish this grade from the State Registered Nurse. The Committee points out, however, that since the report was issued the title 'Assistant Nurse' has come increasingly into circulation, and has, moreover, been officially adopted for the Civil Nursing Reserve. The Athlone Committee pointed out that the word 'nurse' was popularly applied to anyone, from a children's 'nanny' to a State Registered Nurse; that it would

seem impossible at this juncture to limit its application to State Registered Nurses; but that the differentiation could be emphasized by following the practice in private work and in H. M. Forces of referring to the State Registered Nurse as 'Sister'.

Responsibility for Enrolment and Control: Some organisations, with the object of still further differentiating between the two grades, consider that the proper body to control the Assistant Nurse is the Ministry or Department of Health. However, the Committee is of opinion that the importance of keeping the control of this grade in the hands of nurses outweighs all other considerations. The Committee therefore recommends that the Assistant Nurse be enrolled under the control of the General Nursing Councils, and that nursing be made a 'closed profession,' its practice, with the exception of student nurses in training, and assistant nurses under instruction, to be limited to State Registered Nurses, and State Enrolled Assistant Nurses.

Nursing as a Closed Profession: In order to put a law of this kind on the statute book the practice of nursing must be carefully defined. Those who practise nursing for a livelihood have been described as 'nursing the sick habitually and for gain' but from the legal standpoint this phrase is not without pitfalls. The word 'habitually' is difficult to prove, and owing to there being no clear distinction between health and sickness, nor between nursing and domestic duties, the expression 'nursing the sick' admits of wide interpretation. Furthermore, in bringing an offender to book, it is a principle of English law to require strict proof of guilt, or, in other words, to give the accused the benefit of the doubt. It seems best, therefore, to define nursing as 'tending for reward a sick person or persons under the charge of a registered medical practitioner.'

The Practising Nurse: In recommending legislation to limit the practice of nursing to those on State Registers and Rolls, it may be necessary to provide for certain existing nurses, who on the introduction of State Registration failed to register when they could have done so. These 'practising nurses' could, of course, be classed as Assistant Nurses, but, seeing that there was no compulsion to register when the Act was passed, Parliament might not readily agree to such a limitation of their privileges. In fact, to do so might create opposition that would imperil legislation at the outset. Should this seem likely, the Committee recommends that a Temporary Roll be established under the control of the General Nursing Councils. The 'practising nurses' would have to fulfil certain conditions in proof of the bona fide nature of their claims and would have to make application within a period of one year from the passing of the Act for inclusion on the Roll. They would then be permitted to practise as at present but: (a) not to describe themselves as Registered or State Registered; and (b) not to be responsible for the supervision of other nurses, whether State Registered, Practising or Assistant Nurses, unless already occupying a supervisory post at the date of the entry of their names on the Temporary Roll.

Qualifications for Enrolment of the Assistant Nurse: The Committee recommends that the following conditions should qualify for admission to the Roll of Assistant Nurses:

Minimum age of enrolment: 20 years.

Evidence of character and suitability.

Evidence of having undergone a two-year period of instruction in a hospital approved for the instruction of Assistant Nurses by the General Nursing Council.

The Committee also recommends

that the two-year instruction period be preceded by a period in a preliminary training centre. It was not considered wise to encourage institutions approved for this instruction to award their own certificates, as the public might mistake them for the hospital certificates still granted to the State Registered Nurse.

Existing Assistant Nurse : The Committee recommends the enrolment of Existing Assistant Nurses, provided they conform to the following conditions: over 30 years; a certificate of competence from their employer or the agency or co-operation through which they are engaged and evidence that they have practised the nursing of the sick for the last five years and are of good character. Under 30 years : evidence of having nursed for two years in hospital under supervision and of being of good character.

Training : On the matter of training, the Committee again heard widely divergent views. Those who have had experience of the acute shortage of trained nurses in hospitals for the chronic sick, and of the number and complexity of the treatments carried out by Assistant Nurses for lack of better qualified staff, would include instruction in all such treatments. On the other hand, trained nurses who suffer from unregulated competition in private practice maintain that a curriculum of this sort represents the sum total of the work now available to private nurses in domiciliary practice, since most cases of major surgery and infectious disease are to-day nursed in institutions. They add that unless there is a wide gap between the functions of the two types of nurse, the private State Registered Nurse will lose her practice. Most private nurses, therefore, advocate a much simpler syllabus, on the lines of the home nursing lectures given to members of the British Red Cross Society and St. John Ambulance Association. In suggesting lines of development for the future however, the following considerations have been taken into account :

(a) The probable tendency of domiciliary nursing — e.g., Is private nursing likely to disappear altogether in favour of institutional care? Or will it develop on an insurance basis, with emphasis on visiting nursing or an extension of the services of the district nurse? (b) The effect of the legislative control of nurse supply agencies with a compulsory report to the patient's household of the grade of nurse supplied.

A Nation-wide Plan : The Committee feels that any scheme of instruction should represent the minimum which will prepare the Assistant Nurse for the special responsibility of nursing the various types of sick of all ages, both in hospitals and in the home, under the supervision of the trained nurse. It is realised that the institution of any adequate instruction scheme will imply a large staff of sister tutors and the expenditure of considerable sums when the nurse in training for the State Register has not yet been fully catered for in this respect. But it is emphasized that such a scheme will only be part of a nation-wide plan, in which the training of the State Registered Nurse will be completely revised and the whole profession placed on a sound educational and economic basis.

A Two-Year Curriculum : The Committee therefore recommends a two-year instruction scheme, preceded by a period in a preliminary training centre, the length and content of this latter period to be the subject of further consideration vis-a-vis the education and training of the State Registered Nurse. The chief features of the scheme are as follows : the period in the preliminary centre will be followed by two trial months in the wards. The first year will

normally be spent in a hospital for the chronic sick. In the second, the Assistant Nurse will have experience in fever, mental or tuberculosis hospitals, and will return to nurse the chronic sick while attending classes in cookery and occupational therapy.

The Examination Question: The Committee weighed with care the advantages and disadvantages of a written examination as compared with a qualifying test carried out by nurse assessors, who would judge the candidate on practical work performed over a period of time. The procedures adopted for members of the British Red Cross Society and St. John Ambulance Association, and for trainees under the Essex Scheme were duly examined, and although the value as an incentive of a written examination on simple lines was recognized, its disadvantages were held to outweigh its advantages, and a simple practical and oral test at the end of the course is recommended.

The Committee stipulates that all instruction should be carried out by both qualified nurse tutors and ward sisters or their male equivalents, and that the chief stress should be placed on the development of practical skill. They point out that the fairly long instructional period recommended will cater for the pupil's much slower rate of learning and the need for constant repetition of simple facts. They also emphasize the overriding importance of the practical test, as it is for practical work that the Assistant Nurse will primarily be required.

Approved Centres: As the Committee favours placing responsibility for the instruction of the Assistant Nurse in the hands of the General Nursing Councils, this step will imply the active inspection of the recognised centres. The Committee is not in favour of Student Nurses and Assistant Nurses being taught together.

Terms of Employment: Once the status of the Assistant Nurse has been defined, it should be obligatory for her to work, when in hospital, under the supervision of State Registered Nurses. The Athlone Committee did not think it would be possible to enforce this principle in private practice, but the Nursing Reconstruction Committee strongly recommends it, and believes that the suggestions it has put forward should meet the situation.

Since an essential factor in ensuring the legal control of the Assistant Nurse's activities and the establishment of nursing as a closed profession concerns the control of co-operations and nurse supply agencies, it should be made an offence for them to supply for gain and for the nursing of the sick any nurse not on the Register or Roll.

Co-operations and Nurse Supply Agencies: Private Assistant Nurses, like private State Registered Nurses, can be divided into three categories: (1) those attached to private nursing co-operations, associations or nurse supply agencies; (2) those working independently; (3) those employed in hospitals and nursing homes. In the opinion of the Committee, private Assistant Nurses can be usefully employed in all these spheres provided their work is controlled and supervised, and the Committee recommends that this be done through an extension of the Public Health Act. Under such safeguards, the patient is assured of the nursing care his condition requires and the services of the Assistant Nurse become an asset and not a menace. The Committee therefore recommends that all co-operations and nurse supply agencies be compelled to register with the appropriate authorities, who, besides granting them the necessary licence, should be empowered to inspect them regularly with a view to examining

the records and qualifications of all members of the staff.

At present many nurse supply agencies and some nursing co-operations are conducted purely as commercial ventures by lay people with no knowledge of the requirements of the sick for whom they cater, and interested in securing the maximum financial return on their capital. Only too often, too, doctors in charge of private cases accept nurses from these sources without inquiring as to whether their qualifications (if any) meet the patient's needs. The Committee therefore recommends that it be obligatory for all co-operations and nurse supply agencies, besides being subjected to inspection, to have a State Registered Nurse as professional supervisor, vested with the necessary authority by the owners.

The Committee strongly endorses the opinion of the Athlone Committee that the applicant for a nurse's services should be supplied, within 24 hours, with full information, in a prescribed form, as to the professional status of the nurse sent out, and that State Registered Nurses and Assistant Nurses should be required to carry and produce on demand some printed slip or form, or an annual practice certificate in the form of a receipt for their retention fee on the appropriate State Register or Roll.

As, in the Committee's opinion, regular supervision should be one of the chief conditions of the employment of Assistant Nurses, it considers, that this principle should be equally applicable in the field of private nursing, and it recommends that procedure analogous to that for the supervision of midwives under the Midwives Acts, be instituted. It has been suggested by some that such supervision would be resented in private work and constitute an infringement of the liberty of the subject. On the other hand there is evidence that, far from being resented, supervision is welcomed. This is particularly so among the increasing number of middle class patients now availing themselves of the district nursing services. The Committee recommends that a State Registered Nurse be included among those charged with the duty of inspecting nursing homes, and it considers that the same official could usefully undertake this second duty.

Independent Practising Assistant Nurses: The same official should supervise the work of independent practising Assistant Nurses and the Committee recommends that these nurses be required to notify their intention to practise with the local supervising authorities as midwives do under the Midwives Act. The Committee is of the opinion that it would be only fair to require independent practising State Registered Nurses to conform to the same rule.

Spheres of Employment: The Committee recommends that, subject to safeguards, the employment of Assistant Nurses be recognized in hospitals, in factories, in certain public health clinics (e.g., dental clinics), and, under the conditions outlined in paragraphs 30 to 35, in nursing homes and in other forms of private work.

Salaries and Emoluments in Institutions: During the period in the preliminary training centre, the Assistant Nurse should be paid 10s. weekly. (The sum paid to Nursing Auxiliaries during their intensive training period under the Civil Nursing Reserve). During the rest of her training the scale should be the same as that laid down by the Rushcliffe and Taylor Committees for first and second year Student Nurses. After enrolment the Assistant Nurse in hospital should receive £70 p.a. by £5 p.a. to £95 (i.e., to within £5 of the commencing salary of the State Registered Staff Nurse). With a view to encouraging her to remain in one post and not

to migrate, long-term service under the same authority should be rewarded by five-yearly increments of £5. Superannuation should be obligatory for all nurses, and other emoluments, non-resident allowances, etc., should be graded proportionately to the recommendations of the Government Salaries Committees for non-resident State Registered Nurses.

Salaries and Emolument in Private Work : The Committee recommends that fees for Assistant Nurses working on a commission basis should be £2 10s 0d a week, with full board and lodging, travelling and laundry. This presupposes the adoption by the public of the minimum of 4 guineas a week recommended by the Royal College of Nursing for State Registered Nurses in private practice. It also takes account of the scale recommended for hospital posts, the fact that it is not a progressive scale as in institutional service, and that the Assistant Nurse must provide for uniform, superannuation, commission, National Health Insurance, and a room of her own. A 7½ per cent. commission is recommended. Assistant Nurses on a salaried basis should be paid at the same rate as in hospital.

Uniform : The Committee recommends that indoor uniform (and outdoor uniform where required) be provided free of charge to Assistant Nurses in institutional service; that a distinctive, attractive and serviceable uniform be designed for them and approved by the controlling body, and that influence be brought to bear on employing authorities to adopt it throughout the country. In this way Assistant Nurses can be easily recognized by the public and by the medical and nursing professions. It is not considered possible to make the wearing of such uniform compulsory at present as there is no obligation on State Registered Nurses to wear the State uniform. Nevertheless where uniform is given, it will probably be worn, and it is hoped that employing bodies will set a precedent in this respect. It should, however, be possible to enforce the wearing of a distinguishing woven badge when on duty.

Hours of Work and Holidays : Hours of work and annual leave for the profession should not, generally speaking, depend on responsibility, and the Committee therefore recommends a 96-hour fortnight and one month's holiday per annum, with sick pay, emoluments and other conditions of service as for State Registered Nurses.

Summary of Recommendations

1. That the title "Assistant Nurse" be adhered to.

2. That the Assistant Nurse be enrolled under the control of the General Nursing Council, and that, with the exception of Nurses in Training for State Registration and Assistant Nurses under Instruction for Enrolment, the practice of nursing be limited to State Registered Nurses and Enrolled Assistant Nurses.

3. That 'Practising Nurses' who failed to register under the Nurses Registration Act, 1919, when qualified to do so be admitted to a Temporary Roll, to be established under the control of the General Nursing Councils; the Roll to remain open for one year from the passing of the Act, and nurses so enrolled to be permitted to practise as at present but not to describe themselves as Registered or State Registered, and not to be responsible for the supervision of Assistant Nurses.

4. That the following be the appropriate qualifications for admission to the State Roll of Assistant Nurses : (a) evidence of character and suitability. (b) minimum age 20 years. (c) evidence of having undergone a two-year period of instruction in a hospital approved for the instruction of Assistant Nurses by the General Nursing Council. That the two-year instruction period be preceded by a period in a preliminary training centre, but that no certificate be awarded to the Assistant Nurse by the hospital providing the instruction.

5. That for 'Existing Assistant Nurses' the following be the appropriate terms of admission to the Roll: (a) Over 30 years: a certificate of competence from their employers or the agency or co-operation through which they are engaged, and on evidence that they have practised the nursing of the sick for the last five years and are of good character. (b) Under 30 years: Evidence of having nursed for two years under supervision in hospital and of being of good character.

6. That the scheme for the instruction of Assistant Nurses be viewed in relation to the much wider national plan for the whole nursing profession.

7. That Assistant Nurses receive an approved course of instruction of two years, to be preceded by a period in a preliminary training centre. That they obtain practical experience in hospitals such as those for the care of the chronic sick, in fever, mental or tuberculosis hospitals. That they have a simple practical and oral test at the end of the course.

8. That all instruction be carried out by both qualified nurse tutors and ward sisters or their male equivalent, and the chief emphasis be placed on the attainment of practical skill.

9. That the training of Student Nurses for State Registration and the instruction of Assistant Nurses for Enrolment be carried on in separate hospitals or in separate parts of the same hospital, approved and inspected by the General Nursing Councils.

10. That it should be obligatory for Assistant Nurses to work in hospital under the supervision of State Registered Nurses. That this principle is strongly recommended in the case of private nursing also.

11. That, in order to limit nursing to State Registered Nurses, Enrolled Assistant Nurses, Student Nurses in Training and Assistant Nurses under Instruction, suitable legislation be promoted for the control of nurses' co-operations and agencies, making it an offence to supply any nurse not on the Register or Roll.

12. That the scope of the Public Health Act be extended so as to make it compulsory for all co-operations and nurse supply agencies to register with the appropriate authorities, these authorities to be charged with the duty of inspecting the co-operations and of examining the records and qualifications of all members of the staff.

13. That all co-operations have a State Registered Nurse as professional supervisor, vested with the necessary authority by the owners.

14. That it be obligatory for the nurse to supply the applicant for her services with prescribed evidence of her professional standing.

15. That Assistant Nurses nursing private cases be inspected by State Registered Nurses appointed by the local authority, and that the procedure be similar to that for the supervision of midwives under the Midwives Acts.

16. That independent private Assistant Nurses be required to notify their intention to practise with the local supervising authority, as midwives are required to do under the Midwives Act, and to be inspected by the appropriate authority.

17. That the Public Health Act, 1936, be further extended to ensure the following provisions with regard to nursing homes: (a) That the matron shall be a nurse on the General Part of the State Registers maintained by the General Nursing Councils. (b) That a State Registered Nurse be included among those charged with the duty of inspecting nursing homes, and that such inspection be carried out regularly. (c) That the provisions of the Act, as extended apply also to homes under religious houses and homes for the aged.

18. That, subject to safeguards and supervision by a State Registered Nurse, the employment of Assistant Nurses in hospitals, in factories, in certain public health clinics, and in nursing homes and other types of private practice be recognized.

19. That Assistant Nurses in Training be paid 10s. weekly during the preliminary trial period, and subsequently at whatever scale is laid down by the Government Salaries Committees for first and second year nurses. After enrolment, and when employed in hospital, they should receive £70 p.a. by £5 to £95, with five-yearly increments of

£5 for long term service under the same authority. Super-annuation to be obligatory, and other allowances and emoluments to be graded proportionately to the recommendations of the Government Salaries Committees for non-resident State Registered Nurses.

20. That Assistant Nurses on a commission basis in private work receive £2 10s 0d. a week, with full board and lodging, travelling and laundry, commission to be charged at the rate of 7½ per cent.

21. That there be an approved outdoor and indoor uniform, easily recognised as that of an Assistant Nurse, and that this be supplied to Assistant Nurses in institutional service free of charge, and that the wearing of a distinctive woven badge be compulsory when on duty.

22. That conditions of work and emoluments should be the same as those recommended for State Registered Nurses. e.g., maximum hours of duty to be the 96-hour fortnight with 4 weeks' leave annually, and sick pay, emoluments and other conditions of service as for State Registered Nurses.

Home Helps: In making recommendations for the establishment of nursing as a closed profession, the Committee paid special attention to the question of 'home helps'. The home help in domiciliary nursing is the equivalent of the domestic orderly in hospital. Her duties are not classed as nursing duties; she is engaged to supply the type of domestic help and common-sense care which relatives in the home are accustomed to give to patients in between the visits of the midwife or district nurse. Nevertheless the home help is recognized as a valuable adjunct in the domiciliary nursing sphere; local authorities are empowered to meet the cost of her employment under the midwifery service, while the local district nursing associations engage her for their general nursing cases; in the latter event the cost is sometimes met out of a Samaritan Fund, but more usually the patient is responsible for the payment. The Committee does not consider that employment of such home helps will jeopardise the scheme for making nursing a closed profession. On the contrary, it recommends the extension of the service for domestic uses, providing the home helps be organized and centrally controlled, and only used where a State Registered Nurse, a State Certified Midwife or an Enrolled Assistant Nurse is responsible for the nursing duties.

Obituaries

Florence Helen Archer died recently. Miss Archer was an honour graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, British Columbia. Later, she undertook post-graduate study in New York and rendered valuable service as superintendent of the Nanaimo General Hospital and of the Grand Forks General Hospital. Miss Archer took a great interest in the work of nursing organizations and was an active member of the Council of the Registered Nurses Association of British Columbia. She will be sorely missed by her colleagues and friends.

Frances Griffin died recently in Brockville, Ontario. Miss Griffin was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1894.

Return to Newfoundland

CHRYSS A. S. ABERNETHY

There can be no greater contrast than between the high level plateau of the Western Prairies, so far inland, and the sea level coves, nestling in the shadow of the bleak barrens, along the coastline of Newfoundland. My vacation of two months had taken me over 8,000 miles and I realised I was getting near to journey's end, where duty begins, when I reached Arnold's Cove. The station is on the main railway line which runs across the entire island and, despite the fun poked at the service by our Canadian and American visitors, I think we may be proud of the important role our railways play in western hemispheric defence.

The Cove itself lies by the sea three miles out from the station, and I stayed the night at one of the homes, where the teacher boarded. Next morning, I looked out and knew beyond doubt there would be no boat to take me out of the harbour. A storm warning was out for 24 hours, and it is quite useless to approach the boat-owner and suggest going in such a case. The white-capped waves, determined and inexorable, rolled inshore on the rising fringe of beach and receding, left a white foaming edge. The wind was south-easterly, and the skipper sent word he would wait until the wind veered northerly ere he would risk it and, of course, the wind would need to moderate. However, as so often happens, I was only three days delayed. Quite early on Sunday morning the skipper decided it was moderate enough to try it. There had been frost and it was really cold at daybreak. But I liked the gleam of the water. The malevolent glee of the last three days was now replaced by an inviting sparkle. We got underway, after much comment on the amount of baggage there was to stow away in the hold. The boat measured 26 feet and the deck, cabin and hold were on a small scale.

The skipper had a coal fire burning in the cabin forward. After I saw the portable radio safely lodged, I sat on deck and dangled my legs down by the warmer hatch, prepared to enjoy the feel of the boat under me again. Probably because I have lived the last three years in Placentia Bay, I feel at home on it. Certainly I have known its challenge, and met it in smooth and in angry mood, and I recognise the landmarks and rocks which contribute to navigation, and those definitely accepted as hazards. Such quaint names as the Bread and Cheese, Tack's Head, Shag's Roost, Saturday Ledge, Brandies Shoals, Dutch Cop, the Jerseyman, and many others.

We were heading in a westerly direction, and the sails were full with a rising wind. "We'll take plenty of water getting home again," said the skipper. A teen-age boy was at the tiller and, at intervals, the skipper would yell "keep 'er off". Then turning to me, announce, "That fellow has been on this trip so often he should know the way blindfold. The trouble is he looks back the way he has come, instead of keeping his eyes on the course ahead". The boat is equipped with a small engine and the sails were hoisted to help out and it was an even race between canvas and gas. At times, as we crested a long lap, away we would go, swoosh! and sail ahead of the engine, then gradually slow down to gas again.

Naturally my thoughts centred on the work awaiting me, wondering who my first patient would be. During the trip, unknown to me, a lot of the smoke from the very short stove pipe, just level with my face as I sat half in the hatch, gradually blackened my face till I resembled Topsy. The sails buffetted the smoke outlet, and it blew around my head in a swirl.

Smoked face and all, I was warmly welcomed back. Church was in for the morning service, and not all had attended. A joyous welcome came ffom the dog which belongs to the family with whom I board; originally the breed was Dutch, brought out here by Father Fyme from Holland. "Lucky" has become my constant companion and provides lively company on distant calls.

Before dusk the first call arrived. A man of fifty, with high blood pressure, had attended a party where the liquor flowed freely, and the folks scooped it up in their cupped hands. He came home to sleep off the effects, stumbled, fell, hit his head a terrible blow, above the eye, and was unconscious when I arrived on the scene. His wife was hysterical and received prompt attention. That case more or less controlled, I received a call to a girl of fourteen with erysipelas, almost unable to see out of either eye.

Ah, well, I was back on duty and in demand. My holiday was over.

R.C.A.M.C. Nursing Service

The Department of National Defence has announced the appointment of Miss Dorothy MacRae as Principal Matron, Nursing Service, R.C.A.M.C., in which capacity she will serve as associate to the Matron-in-Chief, Lt. Col. Elizabeth L. Smellie, C.B.E., R.R.C., Ll.D. She succeeds Principal Matron Dick, who is now Principal Matron of No. 10 General Hospital.

DOROTHY MACRAE
Photo by Notman, Montreal

Principal Matron MacRae is a graduate of the School of Nursing of the Montreal General Hospital and, after serving as a member of the nursing staff in the Western Division of the Montreal General Hospital, became superintendent of nurses at the Anson Memorial Hospital, Iroquois Falls, Ontario. In December 1940, Miss MacRae was appointed Matron of No. 1 Canadian General Hospital, R.C.A.M.C. and proceeded overseas for service in Britain. Attached to the office of the Director of Medical Services for the Canadian Army in Britain, she was at her own Unit and saw the first casualties brought from the Dieppe raid. She returned to Canada in September to take up her new duties.

STUDENT NURSES PAGE

My Most Interesting Case

MARGARET FRASER

Student Nurse

School of Nursing, Neepawa General Hospital

While affiliating at the Children's Hospital of Winnipeg I nursed the most interesting case of my entire training. Olga was six years old and when admitted to the hospital, appeared to be in good health but was very dirty. Small spots of fecal matter were noted to be present on her underclothing. The diagnosis was atresia of the anus and a recto-vaginal fistula. Olga's home is on a farm and she is the second youngest daughter of a family of eight. Both her parents are alive and well. The family as a whole speaks very poor English and Olga is unable to speak it at all. The family have received very little formal education, but appear to be honest, industrious and successful farmers.

Before her admission to hospital Olga had very little life outside her own home. She was allowed outside to play with her own brothers and sisters but due to her involuntary defecation she was never permitted to mingle with other children. Since coming to the hospital, although she looks like a bright intelligent child, she has made no attempt to speak in either English or Ukranian even when her parents visit her. She appears to get a great deal of enjoyment out of being bathed and dressed in pretty clothes and showed much delight in being admired after being so attended. As well as being dirty on admission, she made no effort to ask for a pan and soiled her bedding and hands following each defecation. Her appetite was good and the child enjoyed a well balanced diet.

Olga's medical history is not known because her parents were unable to answer the necessary questions. Her abdomen was quite firm especially the lower left quadrant. This firmness was due to impacted feces and the treatment ordered to reduce this mass was castor oil by mouth and daily irrigations. The first two doses of oil were vomited so the third was given in food and was retained. During the next few days the mass was reduced and the child was prepared for surgery. The operation consisted of suturing the posterior vaginal wall in such a way as to make an anus. The external and internal sphincter muscles were found to be present. On her return to the ward, a retaining catheter and rectal tube were secured in place. The catheter gave us a great deal of trouble because the drainage was poor and Olga's bladder became distended frequently. Each time this happened a catheterization

had to be done but finally, in about three weeks time, she was able to void voluntarily.

Daily rectal irrigations were given for one week and then discontinued so that one dram of cascara in a half-ounce of liquid petrolatum could be started, to see if the child could defecate through the new anus by stimulating her peristaltic action. She failed to do this until ten days after purgation was started, but in this time irrigations were given periodically to prevent impactation of feces. Since that time Olga has had small frequent stools.

The suture lines stayed quite clean considering their location. Foments and carbon light, alternating every two hours were applied for about three weeks. Olga's present condition is somewhat baffling. She appeared to be able to retain some fluid during an irrigation until placed on a pan, but still continues to have fecal spotting, although this may be due to inability or refusal to ask for a pan when necessary.

This patient required a great deal of post-operative nursing care of the very best type we could offer her. She was very co-operative if she understood what was expected of her. Many of her treatments frightened her considerably and thus produced a lack of co-operation. The main items in her care were to keep the suture lines as clean and as dry as possible at all times; to see that the child was voiding normally in comparison to her fluid intake; and above all to prevent a large hard stool from forming as this would tear the neat and skillfully made anus and in all probability ruin her chance for obtaining perfect results. This was done by a liquid diet followed by a smooth diet, purgatives and irrigations.

The prognosis is excellent. Olga has an imperforated posterior vaginal wall which will allow her to menstruate normally without the great danger of rectal infection that there was before surgery. While Olga has not perfect control at present, she has some and, with kind care and encouragement, those muscles may soon be trained to function normally. Several times since the operation was performed the formation of scar tissue has contracted the sphincter and made the insertion of a rectal tube impossible. The surgeon has relieved this by manual dilation in the operating room under a general anaesthetic.

Miss Austin returns to Canada

Upon her return from the United States, Miss Beatrice Austin has been invited to take charge of the Infants Hospital in Vancouver. This institution is an independent unit of the Vancouver General Hospital, and in addition to providing an excellent pediatric service, also affords a valuable teaching field for the students of the School of Nursing. For ten years, Miss Austin rendered outstanding service as superintendent of nurses in the Hospital for Sick Children in Toronto and the authorities of the Vancouver General Hospital are highly gratified that, in a similar capacity, her broad experience will in future be at their disposal. Her former colleagues and many friends welcome her home and wish her all success in her new undertaking.

Overseas Mail

A Word From Britain

The September number of *The Canadian Nurse* has been read and re-read and I marvel at the wonderful piece of work you are all doing; the information derived from the *Journal* at all times is very valuable to me. We have made three moves in eleven months, but we feel compensated as this is an ideal military hospital. We are situated in the country and, though the Sisters do get around on their bicycles, in the long evenings we have to resort to other forms of amusement. For the winter months we have arranged a group of lectures which are given weekly by various members of the medical staff. We have also organized a French class and have movies twice a week which help to provide entertainment.—BLANCHE HERMAN, Principal Matron, No. 14 Canadian General Hospital.

From South Africa

This certainly is a fascinating country. The trees are quite different from ours—mimosa, gum, cactus, with a few pines on the heights. The flowers are beautiful, roses, azaleas (they grow on trees here) are at their best. Long avenues with bougainvilia hedges and wisteria seems to grow like a weed. We drove through a beautiful valley where citrus fruits are grown—oranges, lemons, tangerines, and even banana trees.

I am working on a medical ward at present; we are not nearly as busy as we were a month or so ago, but we keep expecting to be told to get ready for another wardful. I am finding it very hot, but I will have to get accustomed to it, for we are told this is only spring, the hottest month being December to January. Something tells me that we should have been equipped with tropical kit, unless I am just being a sissy.

Pietermaritzburg is very high—the Valley of the Thousand Hills runs through it—and the sunrises and sunsets on the brown and green hills are wonderful sights. The buildings are mostly two or three storeys so that we can appreciate the vastness of the country. The sky is the same blue as it is at home, but we see more of it here. Somehow one gets the impression that the world is very far away. When we get down into town it is a different story. War conditions have caused such a flow of people that sardine tins are open spaces in comparison.

The native women are very amusing, their hands swing idly by their sides while everything is carried on their heads with the exception of the infants who seem to ride on their mothers hips, being fastened there with a shawl. We saw a woman the other day with a portable Singer sewing machine on her head, while she had a new babe riding the back seat. We thought the infant was in a very precarious position. We have seen women in the country carry as many as six seven-foot poles with the greatest of ease.

The soldiers on this ward are very talented and are always busy at something. One lad is an artist, another writes music, and almost all of them have some handicraft. They are busy making slippers of various sorts for the boys with foot injuries. Others make sheepskin and felt toy animals for children. The needlework and embroidery is almost unbelievable. When they first come in they refuse to be interested but we just show them how it's done and leave the work with them and, in a remarkably short time, they have finished the piece. Most of the embroidery is the crests of the various regiments. The Red Cross collects these articles and sells them.

Each ward has its own garden which the Sisters, nurses, and patients keep up; the sweet peas, snap-dragons and roses outside this window would interest many a florist at home. We also have a rock garden, surrounded by a very pretty lattice fence. The next ward has a fish pond with a little stone fisherman keeping an eye on the gold fish.

The Sisters in charge of the wards here don't actually work the way we did at home although I think they assume more responsibility. There are no student nurses. We have V.A.D.s who have perhaps been ladies of leisure all their lives, or who may

have worked in offices. A very small minority have ever been in a hospital before, They are grand girls and very willing workers. After a period of from six to twelve months they become senior probation nurses. We give them lectures and teach them ourselves.—NURSING SISTER JUSTINE DELMOTTE.

Book Reviews

Facts about Nursing, 1942, published by The Nursing Information Bureau of the American Nurses Association co-operating with The National League of Nursing Education and The National Organization for Public Health Nursing, 1790 Broadway, New York. Price in the U.S.A., 25 cents.

The 39 pages of this invaluable pamphlet are packed full of useful information about nurses and nursing in the United States. If a similar handbook were to be made available in Canada we should have apt answers to a great many questions that are now being asked of us in vain. The handbook gives a summary of the recent national inventory of nurses taken in the U.S.A. and indicates their distribution. It analyzes the membership of the American Nurses Association in relation to the fields of nursing in which its members are engaged. Comparative tables are given, covering a period of years, showing the number of various types of schools of nursing, their geographic distribution and the size of the hospitals with which they are connected. There is also a brief analysis based on reports from registries which gives just the figures we are always trying to get. The salary ranges are indicated in various nursing fields, including private duty. The number of public health nurses, their qualifications and distribution are stated. There is useful information about the various nursing services maintained by the Federal Government and the American Red Cross.

This handbook has been prepared by the Nursing Information Bureau, of which Mary M. Roberts, editor of *The American Journal of Nursing,* is chairman. Expert condensation of actual material, assembled from so many different sources, requires infinite skill and patience. The Bureau is to be congratulated on a fine piece of work.

Practical Sociology and Social Problems, by Helen C. Manzer, Ph.D., R.N., Associate Professor of Education and Director of the Curricula in Nursing Education, School of Education, New York University. 356 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price, $3.75.

The purpose of this book is to introduce students of nursing to the sociologic background of their profession. It is evident that the author knows from experience that "few professional groups are more completely immersed in human affairs or more frequently buffeted by the shifting tides of conflicting interests than are nurses". In Part One, having set the stage by outlining the concept and scope of sociology, and the influence of environment, the author proceeds to a discussion of family welfare with special emphasis on the problems of childhood and youth. Part Two is devoted to the general topic of social participation in relation to differences in planes of living, unemployment, sickness, old age and dependency. One of the best chapters in the whole book deals with levels of maturity in personality development and with the problem personality. This particular chapter could be used to advantage as a basis for discussion at staff conferences. This excellent book should serve as a text for students of public health nursing as well as a reference in schools of nursing. In fact, all nurses would find that it provides an eminently

sane interpretation of the modern social scene. Its author is to be congratulated on having made such a valuable contribution to the literature of her profession.

Psychology in Nursing Practice, by Philip Lawrence Harriman, Ph. D., Professor of Psychology, Bucknell University, Lewisburg, Pennsylvania; Lela L. Greenwood, B.A., R.N., Teaching Supervisor of Medical Pavilion, Bellevue Hospital, New York City; Charles E. Skinner, Ph. D., Professor of Education, New York University. 483 pages. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.25.

The stated aim of this book is to guide the student nurse in making harmonious adjustments to her associates, in achieving prompt and satisfactory personal insight, and in applying the principles of psychology in her nursing experience. The subject matter is arranged under sixteen chapter headings, each followed by a series of well formulated and stimulating questions. The chapters dealing with the behaving organism, the neuro-endocrine systems, and motivation are not only enlightening but are also intensely interesting — a statement which applies to the book as a whole.

The chapters which describe the mental and learning problems will be found most helpful by instructors and supervisors, while those dealing with mental abilities and the maladjusted personality will be equally useful to the public health nurse, especially to the school nurse. A brief reference to mental disorder serves as an introduction to the subject as a whole and gives an insight into the nature and treatment of the psychoneuroses.

This text is highly recommended and would be a valuable addition to any nursing library.

Mental Illness: a Guide for the Family, by Edith M. Stern, with the collaboration of Samuel W. Hamilton. M.D., Mental Hospital Advisor of the United States Public Health Service. 134 pages. Published by The Commonwealth Fund, 41 East 57th Street, New York. Single copies, $1.00. To hospital administrators, psychiatrists, physicians, social workers, and others who may wish to distribute copies to relatives of mental patients, special prices are offered on quantity lots as follows: 1 to 9 copies, $1.00; 10 to 99 copies, 75 cents a copy; 100 to 499 copies, 60 cents a copy; 500 or more copies, 50 cents a copy.

Most nurses have had the sad task of trying to persuade anxious relatives to accept the physician's diagnosis that someone who is dear to them is mentally ill. Even when the members of the family do realize its necessity, commitment to a mental hospital is still regarded as a painful and even a shameful ordeal for the patient and his friends.

The Commonwealth Fund has issued many enlightening publications but none has more practical value than Mrs. Stern's unpretentious little volume. As Dr. Hamilton writes in the foreword: "The way she says things is easier to understand than the way a doctor would say them. She is well equipped, having already studied and written about other problems of the mental hospital". In other words, Mrs. Stern understands the troubles of the patient and his family and also displays keen insight into the problems of the institution to which he goes for treatment. While not painting a rosy picture of conditions in public mental hospitals, she does a great deal to dispel the unreasonable and unjust suspicions that have arisen concerning them. This book has a place in every nursing library and deserves close study by those members of the staff in general hospitals who are concerned with the commitment and transfer of patients to mental hospitals.

Fractures, by Paul B. Magnuson, M.D., F. A. C. S., Associate professor of surgery, Northwestern University Medical School. 317 Illustrations. Fourth edition revised. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price, $6.50.

This book has been entirely rewritten and brought up-to-date. The author has included in this edition material that carries current significance on first aid, transportation, and early treatment of compound fractures. The treatment of wounds, especially of wounds in compound fractures, debridement of wounds, the use of sulfotherapy and the treatment of shock are also included. While this text is primarily intended for the use of the physician, it contains much reference material that is valuable to nurses. The "high-lights" listed on the first page of the first chapter should be learned by heart, especially in these days of well intentioned but sometimes clumsy first-aid: "Splint 'em where they lie. Shock is caused by fracture and is made worse by handling. Treat the shock, stop the hemorrhage, splint the fracture, and transport the patient to a hospital. Treat the wound, and reduce the fracture after recovery from shock. Study the muscles and their pull. Bring the fragment which can be controlled into alinement and rotation with the fragment which cannot be controlled. Check frequently with x-ray. Watch fixation apparatus constantly. Allow no painful points of pressure under any splint or cast".

The attention of nurses should also be drawn to the pages dealing with the maintenance and supervision of traction and mechanical support and the precautions necessary in connection with plaster casts.

Introduction to Medical Science on a Basis of Pathology, by Charles G. Darlington, M.D., Pathologist, Beekman Hospital, New York, and Grace G. Appleton, M.A., R.N., Director of Curriculum and Teaching, Muhlenberg Hospital, Plainfield, New Jersey. 420 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price, $3.25.

This book is intended to furnish a connecting link between the basic sciences given in the student nurse's first term and the clinical courses in nursing which follow it. The subject matter is arranged in three parts : the first deals with the causes, classification and manifestations of disease; the second presents the pathology of diseases arranged according to the systems of the body; the third covers the fundamental laboratory procedures.

The first chapter provides an outline of the history of the medical sciences and points up recent achievements by listing the Nobel Prize Awards in the field of medicine. The marked influence of the social sciences on the development of medicine during the twentieth century is also demonstrated. Subsequent chapters deal with the manifestations of disease and its diagnosis and the various types of therapy.

The means of prevention and control are discussed as a preliminary to the consideration of the pathology of various diseases. Illustrations add greatly to the value of the text throughout. Each chapter is followed by review exercises, true-false test, completion and matching tests. There is also a preview of the vocabulary used in the ensuing chapter.

Ontario Public Health Nursing Service

Miss Jean Mitchell (Public health nurse, Edison Lamp Works, and convener, Committee on Industrial Nursing, R.N.A.O.) recently participated in a Wartime Clinic on Health and Industry supervised by the Industrial Management Council, Rochester, N. Y., as a unit of the National Association of Manufacturers. It was a panel discussion conducted after the manner of "Information Please". In addition to Miss Mitchell two Canadian nutritionists participated in the program.

Miss Reta L. Sutcliffe (Hospital for Sick Children, Toronto, and public health nursing course, McGill School for Graduate Nurses) has succeeded *Miss Edna Bell* as public health nurse in Swansea.

Miss Marjorie Hollister (Brantford General Hospital and University of Toronto public health nursing course) has accepted the post of public health nurse in Weston, made vacant by the resignation of *Miss Nora Hanna.*

Miss Vera Kennedy (Victoria Hospital, London, public health nursing course, University of Western Ontario, and B.Sc., New York University) has resigned as staff nurse with the Oxford County School Health Service.

Miss Helen Thompson (Toronto General Hospital and University of Toronto public health nursing course) has been appointed to the staff of the Division of Nursing, Toronto Department of Health.

Mrs. Ethel M. McGregor (née Eby) has resigned as supervisor of the public health nursing staff with the Guelph Department of Health. She has been succeeded by *Miss Mary Edna MacIlveen* (Victoria Hospital, London, and University of Western Ontario public health nursing course). Miss MacIlveen resigned her post as supervisor in Kingston recently.

Miss Mary Murdock (Saint John General Hospital and University of Toronto public health nursing course) has accepted an appointment with the Owen Sound Board of Health.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Elizabeth Lyster, a graduate of the Royal Victoria Hospital and of the course in public health nursing, McGill School for Graduate Nurses, has been appointed nurse-in-charge of the Dundas Branch.

Mrs. Colombe Jutras, a graduate of St. Mary's Hospital, Timmins, has been appointed temporarily to the Timmins staff.

Miss Ada George, a graduate of the Regina General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the staff in North York.

Miss Evelyn Logan has resigned as nurse-in-charge of the Dundas Branch to be married.

Miss F. Latour has resigned from the Ottawa staff.

Mrs. Donalda Gillett has resigned from the Hamilton staff.

Miss Grace Stephenson has resigned from the Montreal staff to be married.

Miss Jean Dunn has resigned from the Halifax staff and has been granted one year's leave of absence from the Victorian Order of Nurses for Canada.

Miss Mabel Fillmore has resigned from the Dartmouth staff and has been granted six months' leave of absence from the Victorian Order of Nurses for Canada.

Miss Christine Charter has been transferred from the Liverpool staff to the Toronto staff.

Miss Ethel Croft has been transferred from the Brockville Branch as nurse-in-charge to the staff in Victoria.

Miss Eleanor Fothergill has been transferred from the staff in Kitchener as nurse-in-charge of the Brockville Branch.

Miss Elizabeth Whiston has been transferred from the staff in Truro as nurse-in-charge of the Bridgewater Branch.

Miss Jean Dunfield has been transferred from the Oshawa staff to take charge of the branch in Carleton Place.

Miss Rosella Cunningham has been transferred as nurse-in-charge of the Carleton Place branch as nurse-in-charge of the Woodstock (Ontario) branch.

NEWS NOTES

ALBERTA

Red Deer :

A regular meeting of District 6, A.A.R.N., was held recently in Red Deer at the home of Mrs. Whyte. Dr. W. B. Parsons was the guest speaker, and gave a very interesting talk on the history of some of the common practices of medicine. An afghan has just been completed and presented to the Red Cross and it was suggested that another one be started in the near future. A contribution of $47 was made to the British Nurses Relief Fund by the Red Deer Group.

There have been several changes in the members of the group: Miss E. Milner joined the Red Deer Health Unit Staff; Miss F. Payne is now with the R.C.A.M.C.; Mrs. S. Legge (B. Barrett) is at present in Saskatoon. Mrs. C. L. Pearson is completing her B.Sc. degree at the University of Alberta. We were pleased to welcome back Mrs. C. Humber, a former member who has resumed her duties with the Red Deer Health Unit. She has been for the past year with the Holden Health Unit.

Edmonton :

Edmonton District 7, of the Registered Nurses Association of Alberta, recently held their regular meeting. After the business session adjourned Miss Helen Stewart, Director of Dramatics of the Extension Department of the University of Alberta, gave a most delightful and interesting talk on the place of the theatre in war. A ditty bag shower was held for the Merchant Seamen at which many useful gifts were collected for men doing such valiant work for their country.

Calgary :

An outstanding event each year is "Hospital Night", the Ice Carnival sponsored by the Alumnae Association of the Calgary General Hospital and its popularity is evidenced by the generous response of the public.

Leading skaters from the United States and other parts of Canada contributed to the program and many local skaters added to the evening's enjoyment. A race between New Zealand and Australian airmen brought roars of laughter, for these men find it difficult to even stand on skates. A band from the R. C. A. F. school and a Naval Cadets band, with a colorful finale made up of nurses in uniform, rounded out an evening of pleasure. The receipts totalled $2100 and will be allocated for equipment for the new wing of the Calgary General Hospital and for war purposes.

The following nurses are taking post-graduate work as indicated: Ruth Farnsworth (1940), teaching and administration at the McGill School for Graduate Nurses; Muriel Wright (1941), public health nursing at the School of Nursing, University of Toronto; Helen Jane Gray (1942), obstetric and gynecological nursing, at Royal Victoria Hospital, Montreal; Christine Doull (1942), pediatrics, at the Good Samaritan Hospital, Portland, Oregon; Evelyn Millar (1942), surgery at the University Hospital, Edmonton.

The following marriages have recently taken place: Cecelia Rose (1940) to B.C. White; Kaye Newberry (1942) to Peter Thomas; Irene Olsen (1942) to Thos. MacMahon; V. M. Remackel (1942) to Alex Gibson; Nursing Sister Jessie Gibb (1938) (South Africa) to Lieut. Harold Allan, S. A. C. S.

Ponoka :

Miss Helen M. McCauley, who has held the position of assistant superintendent in the Provincial Mental Hospital, Ponoka, for the past year, left to take a similar position at the University of Alberta Hospital, in Edmonton. Her position is being ably filled by Miss Dorothy Bjarnason, a graduate of the School of Nursing of the Saskatoon City Hospital.

Miss Karen Westerlund, who has been a member of our staff since 1935, is now on the staff of the Colonel Belcher Hospital in Calgary. Miss Constance O'Brien, who has been with us over a year, has left to take up nursing at Kimberley, B.C. We welcome Miss Gladys Wright, Miss Marjorie Wight, and Miss June Neville back to the staff; they have recently completed their four-years course in mental and general nursing.

We extend our congratulations and best wishes to one of our graduates, Miss Mildred Nelson, who was one of the four nurses from Alberta to whom a Federal Government Bursary was awarded for a course in administration and supervision.

Lamont :

The mid-winter supper meeting of the Lamont Public Hospital School of Nursing Alumnae Association was held recently in Edmonton, 21 members being present. Mrs. G. Harrold, the second vice-president, was in the chair, and Miss Ada Sandell, formerly of Korea, and now superintendent of nurses at the Lamont Public Hospital, was the guest speaker.

MANITOBA

BRANDON :

The following officers have recently been elected by the Brandon Graduate Nurses Association to serve during the coming year: Honourary president, Miss E. Birtles, O. B. E.; president, Mrs. S. Perdue; vice-president, Mrs. H. Alexander; secretary, Miss M. Donnelly; treasurer, Mrs. J. Selbie; registrar, Miss C. Macleod; Red Cross, Mrs. A. Lewis; social, Miss K. Wilkes; press, Miss W. Mitchell; general nursing, Miss G. Lamont; representative to *The Canadian Nurse*, Mrs. R. Darrach.

Meetings are being held regularly on the first Tuesday of every month. The executive were in charge of the first meeting in October. Miss E. G. McNally was guest speaker, and gave an interesting report of the C. N. A. convention at which she was representative for our Association as well as for the Province of Manitoba. The November meeting was in charge of the doctors' wives section. It was discussed whether or not the Association could be responsible for a scholarship for nurses. A committee, including Mrs. Burn, Miss E. McNally and Mrs. Perdue, was to discuss the project and bring a report to the next meeting. The guest speaker was Mr. P. Dawson, associate director of the Manitoba Hospital Service Association, who gave an enlightening talk on hospital service.

The Association met during the first week of December at the Mental Hospital, with 54 members present. The Mental Hospital group were in charge and Miss Kemp introduced Dr. G. Little, of the Mental Hospital staff, who addressed us on electric shock therapy. Mrs. Burn, convener of the scholarship committee, presented an excellent report and a lively discussion followed. Miss Gertrude Hall, executive secretary and nursing school advisor, M.A.R.N., spoke on problems facing the nursing profession of today and outlined the plan for an accelerated course for nurses which was recently prepared by the C.N.A. Mrs. S. Pierce reported a donation of $50 from the Empire Shop for the bombed-out areas of Britain.

The refresher courses have been temporarily suspended and, instead, the time is used in aiding the Red Cross convener with her work. Mrs. E. Hannah, as Red Cross representative, has organized the course of 12 classes to be given by graduate nurses. Mrs. S. Pierce, as war work convener, reports several donations and is doing splendid work in the completion of utility bags for the bombed-out areas of Britain.

NEW BRUNSWICK

At a regular meeting of the Saint John Chapter, N.B.A.R.N. Miss Myers gave an interesting address on the recent selective service conference with the C.N.A. in Ottawa. Contributions to the British Nurses Relief Fund are donated every six months by members of the local chapter.

A meeting of the executive of the New Brunswick Association of Registered Nurses was held recently in Saint John.

The following graduates of the Saint John General Hospital are now on active service: With the R.C.A.F. Nursing Service: Hazel Tracey, Naomi Bursudsky, Labrador; Aase Gustavisen, Newfoundland; with the Canadian General Hospital in England: Mary Squibb, Sally Turnbull, Elizabeth Burnham, Gladys Crowley, Margaret McJunkin, Mary McDonald, Ella Meeting; with the Sanderwater Military Hospital, South Africa: Helen Stevenson; with the Springfield Military Hospital, Durban, South Africa: Marion McAfee, Fern Townsend, Margaret Goldsmith, Ina Wetmore, Alice Carney; with the Oribi Military Hospital, Natal, South Africa: Carvell Lewis, Margaret McGowan, Elsie Foss, Estelle McCluskey, Dorothy Brown.

NOVA SCOTIA

NEW GLASGOW :

Miss Marjory Scarr, Victorian Order Nurse in the New Glasgow district for the past few months, has been called for military duty. The work is being carried on by her assistant, Miss Winnifred MacKenzie.

Married: Recently, Rita Langille (1940) to Pte. Claude Mahon.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, 135 St. Clair Ave. W., Toronto.

DISTRICTS 2 AND 3

The annual meeting of Districts 2 and 3, R.N.A.O., was held recently at the Brantford General Hospital. Mayor J. P. Ryan and Dr. C. R. Rudolph, President of Brant County Medical Association, extended greetings to the delegates. Dr. G. W. Harris spoke on surgical shock and Rev. Beverly Oaten spoke on "Coming Alive". Miss D. Arnold, superintendent of nurses, gave a report on the Canadian Nurses Association biennial meeting in Montreal. A delicious supper was served by members of the Alumnae Association and by the Florence Nightingale Club.

At the November meeting of the Alumnae Association of the Brantford General Hospital, an amendment to one of the by-laws was carried, whereby private duty nurses are now working eleven hours straight, both in

the hospital and in homes — from 8 a.m. to 7 p.m. and 9 p.m. to 8 a.m. The members approved the buying of a $200 Victory Bond. At the December meeting of the Alumnae Association the members voted to donate $25 to the Russian Relief Fund. A social evening was enjoyed under the direction of Miss L. Raines. Court whist was played, the prize winners being Misses K. Charnley and D. Rashleigh.

Nurses on active service are being carried as members of the Alumnae Association for the duration of the war.

Miss E. Muriel McKee, administrator of the Brantford General Hospital, was recently chosen first vice-president of the American Hospital Association and president-elect of the Ontario Hospital Association.

Miss Mary Brown (1937) on active service, has arrived safely overseas. Miss Reta Moffat (1929) on active service is stationed at the military hospital in Hamilton.

The following marriages have recently taken place: Rose Walker (1940) to Arnold Sommerville; Nellie Yardley (1927) to William Rourke; Mary Meggitt (1929) to Harry Booth; Mary Duffy (1920) to Fred Tomlin; Margaret Bone (1942) to Capt. Walter Proctor.

District 4

Hamilton:

Hamilton General Hospital:

Miss Mary Westaway has enlisted with the Nursing Service of the R.C.A.F. and is stationed at Trenton, Ont. Miss Alice Cutting has enlisted with the Royal Canadian Naval Nursing Service and is stationed at Halifax.

The following marriages have recently taken place: Leah May Rowe to Cpl. Sidney Leggett, R.C.A.F.; Minnie Sturrock to Donald J. MacFarlane.

District 5

Toronto:

Toronto Western Hospital:

The annual meeting of the Toronto Western Hospital Alumnae Association took place recently when the following members were elected to serve during the coming year: Honourary presidents, Miss B. L. Ellis, Mrs. C. J. Currie; president, Mrs. Douglas Chant; vice-president, Miss Jessie Wallace; recording secretary, Mrs. James Fook; corresponding secretary, Miss Keitha Stapley; treasurer, Miss Grace Oliver; representative to *The Canadian Nurse*, Miss Eleanor Waines. A successful year was reported by all committees and a summary of the many activities demonstrated this fact. The report of the budget committee was adopted, and a substantial amount has been paid into the Hospital Building Fund. Christmas baskets are to be distributed this year instead of the usual Christmas tree party. Miss Jessie Rorke, of the Central Circulating Library, spoke on present-day new books, giving several interesting reviews of recent books that might be used for "escape" reading. Presentations were made to the following graduates who have recently been accepted for military service: Audrey Wright, Enid Faulkner, Alice Gaunt, Elizabeth McCullough, Verda Smith, Irene Bartlett, and Elizabeth Kightley.

A regular monthly meeting of the Toronto Western Hospital Alumnae Association was held recently, with Mrs. Douglas Chant in the chair. Mr. A. J. Swanson, superintendent of the hospital, spoke on the highlights of the American Hospital Convention held recently in St. Louis. This was an interesting and enlightening talk dealing with the effect of the war on hospital life. He also stressed the great need for nurses to remain in their profession during these years of war. Mrs. Stewart gave an outline of the "Plan for Hospital Care". Garments and dolls, made by the Red Cross group, were on display before being sent overseas for Christmas.

District 7

Kingston :

District 7, R.N.A.O. recently held a quarterly meeting at Hotel-Dieu. Fifty-two members were present from Kingston and Perth. The guest speaker was Miss Edna Moore, consultant in nursing to the Director of Medical Services, Ontario Civilian Defence. Her topic was nurses and civilian defence as a voluntary effort to defend life and property by the people immediately concerned. She outlined the organization of civilian defence — federal, provincial, and local. It was pointed out that the services of every graduate nurse in every community in Canada are needed at this time.

Miss Helena Bell, Kingston General Hospital, and Miss Ella Smith, Ontario Hospital, gave a joint report of the C.N.A. convention. A delightful luncheon was served by the sisters and staff of Hotel-Dieu.

Ontario Hospital :

The graduation exercises of the School of Nursing of Ontario Hospital were held recently, when 31 students received their diplomas and pins. The Nightingale Pledge was repeated in unison by the members of the graduating class, led by the acting superintendent of nurses, Miss Pearl Gavan. The pins and diplomas were presented by Nursing Sister Marion Crawford, former superintendent of nurses, and Miss Ella Smith, instructress of nurses. The invocation was read by Rev. W. J. Brady and Rev. Dr. H. B. Clark was the guest speaker. A private reception was given to the graduates and guests, and a dance was also held in honour of the new class.

The following staff is on leave of absence: Miss Bonnie Carson is taking a course in teaching and supervision at the University of Toronto School of Nursing; Miss Ida Sarley is taking a nurse-technician's course at the Central Laboratory, Parliament Buildings, Toronto.

Kingston General Hospital :

A short but beautiful service was recently held in the Ann Baillie Nurses Home of the Kingston General Hospital when the portrait of the late Ann Baillie, superintendent of nurses for 18 years, was unveiled and presented by the Alumnae Association to the Governors of the Hospital. Rev. J. Forbes Wedderburn opened with prayer, and Mrs. Atack, president of the Alumnae Association, then asked Miss O. M. Wilson to unveil the portrait, after which Mrs. Atack formally presented it to Mr. W. Waldron, chairman of the Board of Governors, who accepted it on their behalf. Mr. H. C. Nickle spoke feelingly of the devotion of Miss Baillie and the esteem in which she was held by all. An old Scottish prayer by Rev. Wedderburn and the Benediction concluded the service.

BROCKVILLE :

The Alumnae Association of the Brockville General Hospital recently held their annual meeting, all committees reporting a very successful year. Many members are active in making surgical dressings and attending the Blood Donor Clinic. A new chair and drapes were purchased for the nurses' room in the hospital, and new hymn books were given to the student nurses. A donation of $80 to the Brockville and District Blood Donar Clinic, and a donation to the British Nurses Relief Fund have been made. Members are participating in the Plan for Hospital Care.

The following officers were elected to serve during the coming year: Honourary presidents, Miss Alice Shannette, Miss Edith Moffatt; president, Mrs. Mae White; first vice-president, Mrs. Wm. Cooke; second vice-president, Miss Lucy Merkley; secretary, Miss Helen Corbett; assistant secretary, Miss Vera Preston; treasurer, Mrs. H. Vandusen; committee conveners: gift, Miss Violet Kendrick; social, Mrs. H. Green; property, Mrs. M. Derry; annual fees, Miss Preston; representatives to: Red Cross, Mrs. B. Kerfoot; *The Canadian Nurse*, Miss Corbett.

The following marriages have recently taken place: C. McMaster (1937) to Dr. Allan Longmore; Jean Sturgess (1942) to Martin Moir, R.C.A.F.

QUEBEC

MONTREAL :

Montreal General Hospital :

At a recent meeting of the Alumnae Association of the Montreal General Hospital

SCHOOL OF NURSING, UNIVERSITY OF TORONTO

Lecture Course for Graduate Nurses

The *School of Nursing, University of Toronto*, in co-operation with District 5, Registered Nurses Association of Ontario, and the Central Registry of Toronto, offers to graduate nurses a series of lectures on some aspects of nursing care in wartime. These will include: *Acute Communicable Diseases*: (a) recent developments, Dr. B. Hannah, Associate in Medicine, University of Toronto; (b) poliomyelitis, Dr. G. F. Boyer, Senior Demonstrator in Medicine, University of Toronto. *Obstetrics*: (a) newer procedures, Dr. J. C. Goodwin, Junior Demonstrator in Obstetrics and Gynaecology, University of Toronto; (b) preparation for confinement, a demonstration by the Victorian Order of Nurses. *Wound Infection*: Dr. R. Hare, Research Associate in the Connaught Laboratories, University of Toronto. *Legal Aspects of Nursing Practice*: Mr. G. Edmonds, K.C. *Mental Health and Morale*: Dr. K. S. Bernhardt, Associate Professor of Psychology, University of Toronto. *Advances in Post-operative Care*: Lecturer to be announced.

The lectures are planned for successive Thursdays commencing on Thursday, January 21, and will be given twice on a given day, that is at 1.30 p.m. and repeated at 8.30 p.m. A registration fee of *One Dollar* will be charged for the course.

Dr. Rabonovitch gave an interesting talk on the nursing of casualties in gas warfare. Excellent lantern slides were shown, illustrating the types of burns which occur from different gases.

The M.G.H. graduates who sponsored the "Spitfire Fund" have, during the two years of its existence, raised $7100 which has been sent to England. The "Spitfire Fund" is now officially closed and the members have decided to raise money for a mobile canteen which will be sent to Britain.

Mrs. Lawrence Fisher (Frances Reed) has been directing a group under the provincial Red Cross which has been making and assembling supplies for the casualty clearing stations on the Island of Montreal in connection with the C.P.C. Under Mrs. Fisher the group has attended to the sterilization and packing of boxes. This work is nearly finished and Mrs. Fisher has accepted another appointment, under the Red Cross, which entails the inspection and supervision of dressings and supplies made by volunteer workers in Montreal, and the assembling of this work for shipment to the Canadian Red Cross Society. As her assistants, Mrs. Fisher will have most of the nurses and others who served on her former committee.

Miss Dorothy Atkinson (1940), Miss Beatrice Kinnear (1940) and Miss A. M. Pae have been appointed Nursing Sisters with the R.C.A.M.C. Miss Meredith Bennett (1941) has been appointed to the U. S. Army Medical Corps and is attached to No. 17 General Hospital, Camp McCoy, Wisconsin.

The following marriages have recently taken place: Charlotte Montgomery (1940) to Maurice Wicklund; Eileen McLellan to Leo J. Dea; Phyllis Coulter (1940) to Dr. William Rothwell.

Royal Victoria Hospital:

Miss Margaret Heeney is now night supervisor at the Brockville General Hospital.

The following marriages have recently taken place: June Denise Power (1941) to Dr. Stephen Douglas Clark, R.C.A.M.C.; Marjorie Winifred Fanjoy (1941) to Dr. William Bell Hewson; Hope Ross (1941) to John R. Bower.

McGill School for Graduate Nurses:

A general meeting of the McGill School for Graduate Nurses was held recently at the Royal Victoria Hospital, and was well attended. A social hour followed at which the students of the 1942-43 class were guests.

Miss Frances Pearl (P. H. N., 1938) has recently resigned from the staff of the V. O. N., Montreal, and is now in the Social Service Department, Baron de Hirsch Institute, Montreal. A recent visitor to the School was Nursing Sister Marjorie Cowan

(P.H.N., 1940) who is with the Royal Canadian Naval Nursing Service in Newfoundland. Nursing Sister Cowan was en route to her home in Regina on leave.

SASKATCHEWAN

MELFORT:

A very successful refresher course was held recently at the Lady Minto Hospital, Melfort. Lectures were very aptly given by the four local doctors, while members of the nursing staff, under the leadership of the superintendent, Miss E. A. Pearston, gave demonstrations in the different departments. The local executive were well pleased with the interest shown and are hoping to welcome many inactive nurses back into the field. The executive consisted of Miss E. A. Pearston, Mrs. H. Buck, and Mrs. H. E. Keown.

NEWFOUNDLAND

In a recent issue of The Daily News, a newspaper published in St. John's, Newfoundland, extended reference is made to an article, entitled "Well, but busy", which appeared in the November issue of the *Journal*. This was based on the annual report of Miss Syretha Squires, director of the Nursing Service of the Newfoundland Department of Public Health. During his recent visit to Newfoundland, the attention of the Rt. Hon. Clement R. Attlee, Secretary of State for Dominion Affairs, was drawn to this report. Commenting on it in a letter written His Excellency the Governor after his return to England Mr. Attlee says — "I was impressed with the annual report of the Departmental Nursing Service. It is a most useful production and is made all the more attractive by the illustrations."

This high compliment to the Director of Departmental Nurses from one of His Majesty's Senior Ministers in the United Kingdom echoes around the Island to all the nurses of the Service whose faithful work and devotion to duty made the report possible.

. . . OFF . . . DUTY . . .

While we don't want to strike a minor chord at the beginning of the New Year . . . we must just mention the grim words "priorities" and "directives" . . . Whenever we can't do what we like . . . or get what we want. . . one or both of these concepts seems to be the cause of our frustration. . . They pop up in all sorts of unexpected places too . . . For example, just the other day we descended to the basement of a department store. . . in search of certain garments once regarded as staple merchandise. . . These were known to the trade and to us as "sleeping snuggies" . . . and were a great comfort when leaping from a warm bed on a wintry morning . . . They washed well . . . and if you got them big enough you could still wriggle into them in March . . . After that they made grand dusters . . . in fact that is where we made a mistake . . . Last Spring we forgot to reckon with priorities and directives . . . and thought we could get new snuggies as usual when the snow began to fall . . . But the bargain basement said no . . . "We don't carry that line any more, lady . . . priorities or directives or something . . . but here's a victory pink glamour girl number trimmed with lace" . . . We looked at the gaudy chilly wisp and turned sadly away . . . At the next counter a man was buying shirts . . . no nonsense here about priorities and directives . . . or shoddy substitutes for warmth and comfort . . . just good colour and design at a reasonable price . . . We tried to thrust aside the dark suspicion that men have more sense than women . . . but when we got home we found a letter that confirmed these misgivings . . . Our correspondent wields a hefty pen and told us right out . . . that she thinks nurses are the last vestigial remnants of the Victorian Era . . . She says we remind her of Elizabeth Barrett languishing on a sofa . . . with Flush in a basket beside her . . . waiting for the romantic and bewhiskered Mr. Browning to deliver her from the shackles of Wimpole Street . . . Her general idea seemed to be that it is high time for us to take a good square look at this strange new world we are living in . . . and then go out and do something courageous and constructive on our own behalf . . . Don't ask us what all this talk about Elizabeth Barrett and Mr. Browning has to do with sleeping snuggies and bargain basements . . . there is a connection somewhere if you can put your finger on it . . . But we do contend that our friend is right about one thing . . . we are in for a reconsideration of nursing values . . . and we are not going to be allowed to make the appraisal all by ourselves . . . The community is going to take a hand this time . . . and we may be in for some priorities and directives that will surprise us . . . Strangely enough this prospect doesn't alarm us unduly . . . Although of a naturally timid and retiring disposition . . . we harbour a stubborn conviction that nurses know what their priorities and directives ought to be . . . and that they are prepared to stand by them . . . —*E. J.*

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

THE CANADIAN NURSES ASSOCIATION

President ..... Miss Marion Lindeburgh, 3466 University St., Montreal, P. Q.
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First Vice-President ..... Miss Marjorie Buck, Norfolk General Hospital, Simcoe, Ont.
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Numerals indicate office held:* (1) *President, Provincial Nurses Association*; (2) *Chairman, Hospital and School of Nursing Section;* (3) *Chairman, Public Health Section*; (4) *Chairman, General Nursing Section.

Alberta: (1) Miss Rae Chittick, 815-18th Ave., W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Jean S. Clark, City Hall, Calgary; (4) Miss Gertrude M. B. Thorne, 332-21st Ave. W., Calgary.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. ....es, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

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New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Miss Mary Harding, 62 Sydney St., Saint John.

Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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CHAIRMAN: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. First Vice-Chairman: Miss Eva McNally, General Hospital, Brandon, Man. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss Flora MacLellan, Ontario Hospital, New Toronto, Ont.

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COUNCILLORS: **Alberta:** Miss Jean S. Clark, City Hall, Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver, **Manitoba:** Miss E. Rowlett, 759 Broadway, Winnipeg. **New Brunswick:** Miss M. Hunter, Dept. of Health, Fredericton. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island**; Miss Mary Leslie, Montague. **Quebec:** Miss K. Dickson, Royal Edward Institute, Montreal. **Saskatchewan:** Miss G. McDonald, 6 Mayfair Apts., Regina.

Provincial Associations of Registered Nurses

ALBERTA

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Ponoka District, No. 2, Alberta Association of Registered Nurses

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BRITISH COLUMBIA

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Vancouver Island District

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West Kootenay District

Nelson Chapter, Registered Nurses Association of British Columbia

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Trail Chapter, Registered Nurses Association of British Columbia

President, Miss Marjory Fletcher; Vice-President, Miss Edythe Crosson; Secretary, Miss Phyllis Slader, Nurses Residence, Trail-Tadanac Hospital, Trail; Treasurer, Miss Eileen Somerville; *Representative* to *The Canadian Nurse*, Miss Joyce Greenwood.

Rossland Chapter, Registered Nurses Association of British Columbia

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Okanagan District

Kamloops-Tranquille Chapter, Registered Nurses Association of British Columbia

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Greater Vancouver District

Vancouver Chapter, Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

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Alumnae Associations

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A.A., Calgary General Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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• Photomicrograph of vegetables after Homogenization by Libby's exclusive process. Note how food cells are broken up, texture refined.

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That Libby's Homogenized Baby Foods mark an outstanding advance in the early solid-food feeding of infants is indicated by recent clinical and laboratory experiments. In-vitro tests showed that Homogenized Vegetables digested far more completely in 30 minutes than strained vegetables in two hours. Because Homogenization breaks up food cell walls, releasing contained nutrient for easier assimilation, Libby's Homogenized Baby Foods yield more nourishment than an equal amount of strained food. In addition, bulk necessary for normal elimination is retained but broken up into a smooth, non-irritating form. Clinical tests show that babies as young as six weeks have been fed Libby's Homogenized Baby Foods without ill effects.

FREE SAMPLES and descriptive literature will be mailed on request to physicians and pediatricians. Please address your requests to Libby, McNeill & Libby Laboratories, Chatham, Ontario.

8 BALANCED *BABY FOOD* COMBINATIONS:

These combinations of Homogenized Vegetables, cereal, soup and fruits make it easy for the Doctor to prescribe a variety of solid foods for infants

And In addition, Two Single Vegetable Products Specially Homogenized

PEAS—SPINACH and
LIBBY'S HOMOGENIZED EVAPORATED MILK

Made in Canada by

LIBBY, McNEILL & LIBBY OF CANADA LIMITED, Chatham, Ont.

If it's a natural desire to want good things—

then you really should buy

Bland's Tailored Uniforms

Made only by

Catalogue on request.

Bland & Company Limited
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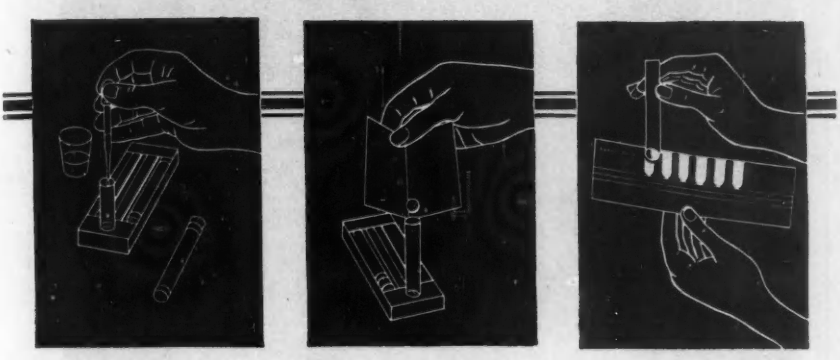
Montreal, Canada

CLINITEST

THE NEW TABLET URINE-SUGAR TEST IS AS EASY AS THIS:



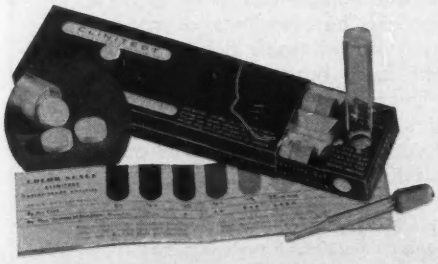
❶ **5 drops urine** *plus* 10 drops water.

❷ **Drop in tablet.**

❸ **Compare with Color Scale.**

ELAPSED TIME—Less Than One Minute!

RELIABLE — The Clinitest Tablet Method employs a modification of the well-known copper reduction method of Benedict, retaining the familiar progression of colors from blue through green to orange, indicating sugar at 0%, ¼%, ½%, ¾%, 1% and 2% plus.



ECONOMICAL—Complete set (with tablets for 50 tests) costs your patient only $2.00. Tablet Refill (for 75 tests)—$2.00.

Write for full descriptive literature.

Available through your prescription pharmacy.

EFFERVESCENT PRODUCTS INC.

Sole Canadian Distributors

FRED. J. WHITLOW & CO., LTD., 187 DUFFERIN STREET, TORONTO

"WONDER IF THIS FEMALE KNOWS HER STUFF?"

She nearly let me capsize twice! Can't say much for her soaping technique, either . . . one foot got three washings — then she passed up the other one completely! Now where's she off to? Probably leaving me here to soak overnight! No — by cracky, she's trotting out Johnson's Baby Powder! Oh that lovely, velvety stuff! Let's hope she knows what to do with it . . . Over the tummy . . . under the chin. Lots of delicious soothing powder to make me slick as a kitten. This gal sure shakes out a mean Johnson's rubdown!

• Johnson's Baby Powder is made of the finest smoothest talc and it's borated. It protects baby skins against diaper rash and prickly heat.

JOHNSON'S BABY POWDER

Industrial nurses have added burdens

NURSES in industry are successfully meeting the problem of increased employment. Every hour is doubly busy and time for personal grooming is at a minimum.

MUM is ready to help you. It takes but a moment to apply this snowy-white cream deodorant to the underarms and other perspiration areas. Embarrassing odor of stale perspiration is banished quickly.

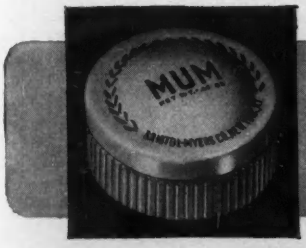
MUM is non-irritating and stainless . . . it will not interfere with normal sweat gland activity.

Have you used MUM for sanitary napkins?

Have you used MUM as a refresher for hot, tired feet?

Your patients, too, will appreciate MUM-conditioning. Send for literature.

Bristol-Myers Company, 3035-00 St. Antoine St., Montreal, Canada.



MUM

takes the odor out of stale perspiration

New *under-arm* Cream Deodorant *safely* Stops Perspiration

Guaranteed by Good Housekeeping

1. Does not harm dresses, or men's shirts. Does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly checks perspiration for 1 to 3 days. Removes odor from perspiration, keeps armpits dry.
4. A pure white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.

ARRID IS THE LARGEST SELLING DEODORANT

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 15 cent and 59 cent jars)

RENNET-CUSTARDS *offer real help in...*

GASTRO-INTESTINAL *diets*

● In a high percentage of gastro-intestinal cases, rennet-custards are helpful. They are simply sweetened and flavored milk, thickened into a custard-like consistency and made more readily digestible by the rennet enzyme. They are bland and non-irritating.

FREE . . . Ask on your letterhead for our new book: "Dietary Uses of Rennet-Custards", and for samples of "Junket" Food Products.

"THE 'JUNKET' FOLKS"
Chr. Hansen's Laboratory, Toronto, Ont.

"JUNKET"
TRADE MARK
RENNET POWDER

Maple Leaf Alcohols

Medicinal Spirits, Iodine Solution, Absolute Ethyl B.P., Rubbing Alcohol, Denatured Alcohol, Absolute Methyl.

Adapted to hospital service. Tested precisely from raw materials to finished product. All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

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VENOUS DECONGESTIVE
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Drops for internal treatment of

Varicose Veins — Phlebitis
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EFFECTIVE - HARMLESS - ECONOMICAL

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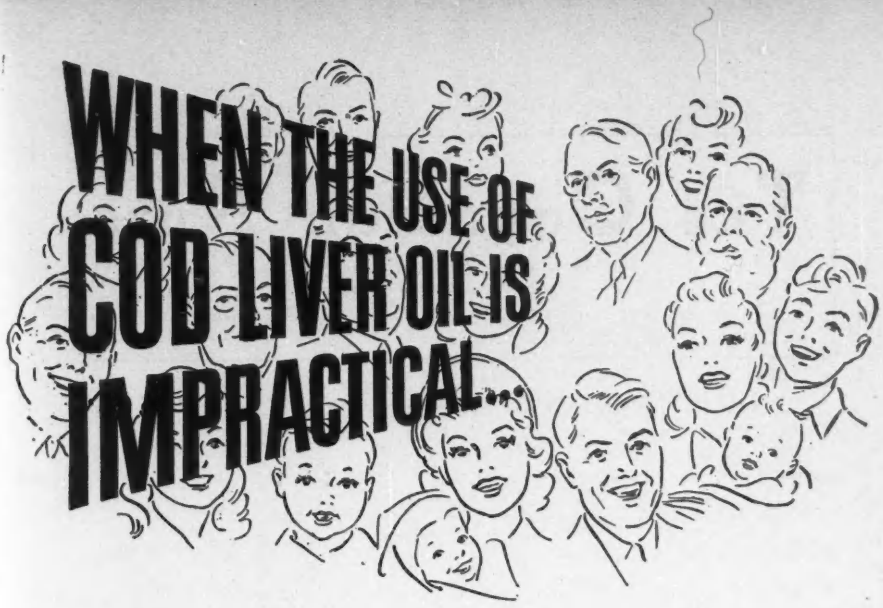
WHEN THE USE OF COD LIVER OIL IS IMPRACTICAL...



FOR INFANTS AND YOUNG CHILDREN

FOR ADULTS AND OLDER CHILDREN

	VITAMIN A	VITAMIN D	COD LIVER OIL EQUIVALENT
"ALPHAMETTES"	10,000 Int. Units per capsule	1,750 Int. Units per capsule	4½ teaspoonfuls per capsule
"ALPHAMETTE" LIQUID	35,000 Int. Units per Gram	8,000 Int. Units per Gram	1 teaspoonful per two drops

★ **"ALPHAMETTES" and "ALPHAMETTE" LIQUID** are standardized, concentrated cod liver oil—potent, tasteless, convenient to take.

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